

Vermont's Sexual Violence Prevention

Technical Assistance Resource Guide (TARG)

*For school communities K-12
incorporating
sexual violence prevention
into the health education curriculum.*

*Created by the Vermont
Sexual Violence Prevention
Task Force*

2010

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Table of Contents

Introduction	II
Chapter 1: A Background and Overview for Using the Guide <i>Provides background and context about the development of this resource guide and ways to use it.</i>	1
•Sexual Violence Prevention: Vermont’s Strategic Planning	3
•A National Context	3
•Prioritizing And Enhancing Sexual Violence Prevention	4
•What Is The Technical Assistance Resource Guide And Who Is It For?	5
•Sexual Violence Prevention As A Component Of Comprehensive Health Education	6
•TARG Overview	7
Chapter 2: Sexual Violence Prevention – Using What Works <i>Provides sexual violence prevention best practice theory.</i>	11
•Why Should Schools Take On This Role?	11
•Best Practice Prevention Models and Principles	14
•Risk And Protective Factors	14
•Social Ecological Model	15
•Perpetrator Prevention	16
•Nine Principles Of Prevention	17
•Promoting Sexual Violence Prevention Training And Education For School Personnel And Adults In The School Community	21
•Identifying And Engaging Community Prevention Partners	22
•Preparing To Respond To Disclosures Of Abuse	23
Chapter 3: Identifying Sexual Violence Prevention Resources For The Classroom And School <i>Provides educators and administrators with a framework of the knowledge, skills and attitudes to be included in sexual violence prevention education.</i>	27
•The Importance of Health Education	27

• Skills, Knowledge and Concepts Aligned with Health Grade Expectations	30
• Grade Pre-K—> Grade 2	32
• Grade 3—> Grade 4	34
• Grade 5 —> Grade 6	36
• Grade 7—> Grade 8	39
• Grade 9—> Grade 12	43
• Identifying Resources	46
• Sample Checklist For Effective Sexual Violence Prevention Curricula and Programs	46
Chapter 4: Making a Sexual Violence Prevention Plan <i>Provides information about how to engage community stakeholders in establishing priorities for school sexual violence prevention activities.</i>	49
• Assess Community Needs and Establish Capacity-Building and Prevention Goals	51
• Thinking About Readiness— A Set of Basic Questions To Get Started	52
• Prioritizing Target Population(s) and Identifying Implementation Tools	54
• Create a Logic Model and Timeline	55
• Design an Evaluation Plan	55
• Sample Logic Model for Brown Elementary School Prevention Plan	56
Chapter 5. Evaluating Prevention Activities Provides guidelines to evaluate violence prevention activities	59
• Choose SMART Measures to Evaluate Prevention Objectives	60
• Identify Measurement Tools	61
• Collecting Data and Information	62
• Analyzing and Reporting Results	63
• Outcome Measurement Framework	64
ENDNOTES	65

APPENDICIES	67
Appendix A: Chapter Specific Resources	68
Chapter 3 Resource list Section I. Curricula and Resources by Grade Level A. Early Education Prevention Resources B. Elementary Prevention Resources C. Middle School and High School Prevention Resources Section II. Other Resources for Sexual Violence Prevention Planning A. Student Assessment B. Resources for Curriculum Development and Evaluation C. General Sexual Violence Prevention D. Working with the Disability Community E. Multicultural and Multilingual F. Perpetrator Prevention G. Working with Men and Boys H. Working with Adults Chapter 4 Appendix: Planning Resources Chapter 5 Appendix: Evaluation Resources	
Appendix B: State and National Organizations	78
Appendix C: Selected Bibliography	81
Appendix D: Relevant State and Federal Statutes	84
Appendix E: Sample Forms and Quick Reference	95
1. Sample Checklist for Curricula Identification 2. Grade Expectations Chart Pre K-12 3. Sample Assessment Items 4. Logic Model Template 5. Outcome Measurement Framework	
Appendix F: Sexual Victimization– Life Outcomes and Statistics	111

Support

The Vermont Department of Education and Department for Children and Families, in collaboration with the members of the Sexual Violence Prevention Task Force and allied local and statewide organizations are resources to move forward school's sexual violence prevention planning, implementation, and use of the *Technical Assistance Resource Guide*.

For technical assistance referrals

please contact the Department of Education, by phone (802) 828-1636 or online at http://education.vermont.gov/new/html/pgm_health_ed.html

For child sexual abuse and mandated reporter questions

please call the Department for Children and Families
Child Abuse Hotline (800) 649-5285

Information for educating adults

from the Department for Children and Families, go to the website
www.protectkids.vt.gov

For questions about federal and state statutes

For questions about federal and state statutes contact the Counsel's office at the Department of Education for assistance with education law, <http://education.vermont.gov/new/html/mainlaws.html> or (802) 828-5937; the Attorney General's Office or your local State's Attorney's office for assistance with state criminal law, <http://www.atg.state.vt.us/>; or the U.S. Attorney's district office in Burlington for assistance with federal law <http://www.justice.gov/usao/vt/> or (802) 951-6725

Introduction

This document, the **Vermont Sexual Violence Prevention Technical Assistance Resource Guide (TARG)** was created by the **Sexual Violence Prevention Task Force (SVPTF)**, a statewide work group established by the “Sexual Violence Prevention Act” of 2006.

The **TARG’s** purpose is further defined in ACT 1 of 2009 (also found referred to as S. 13) , to provide

“technical assistance materials that support the instruction required by 16 V.S.A. § 131(11), ...to help school districts and supervisory unions in the creation and implementation of developmentally appropriate instructional programs.”

The 16 V.S.A. section referenced, broadly defines sexual violence prevention content for schools’ K-12 health education instruction, however it does not mandate or require a particular curriculum.

The TARG, therefore, provides guidance for schools’ to build their *capacity for and knowledge of* sexual violence prevention, state and local resources and nationally recognized “best practice” criteria for schools; as well as to help identify what sexual violence prevention curricula and activities will work best in their school community.

Neither the Sexual Violence Prevention Task Force as a body, nor the TARG as the mandated product of the SVPTF’s work, represent endorsement of specific sexual violence prevention curricula, models or programs. Likewise the content of the TARG does not necessarily reflect the opinions or positions of the Vermont Department of Education or the Department for Children and Families.

Language added to definition of “health education”:

How to recognize and prevent sexual abuse and sexual violence, including developmentally appropriate instruction about promoting healthy and respectful relationships, developing and maintaining effective communication with trusted adults, recognizing sexually offending behaviors, and gaining awareness of available school and community resources. 16 V.S.A. § 131(11)

Chapter 1:

A Background and Overview for Using the Guide

The purpose of this chapter is to provide background and context about the development of this resource and ways to use it, addressing:

- Sexual violence prevention as a public health and safety issue
- Vermont's state strategic plan for sexual violence prevention
- State and national prevention resource development
- Importance of school-based sexual violence prevention
- Getting started with sexual violence prevention basics
- Moving sexual violence prevention efforts forward
- Prioritizing and enhancing sexual violence prevention

Quick Reference Materials:

- ✓ Definitions of sexual violence
- ✓ Audiences for the guide
- ✓ Overview of the guide

Prevention and reduction of the occurrence and recurrence of sexual violence involving youth remain critical local, state and national goals and are currently prioritized by agencies across the spectrum of education, health, human services, and criminal justice.

According to the World Health Organization, sexual violence includes *“any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.”*¹

Examples of sexual violence include: child sexual abuse, incest, drug-facilitated sexual assault, rape, sexual assault, internet-based sexual crimes, sexual harassment, sexual bullying, sexual violence by professionals, stalking, statutory rape, sex trafficking and ritualistic sexual abuse.

“More than other types of violence, sexual violence brings out mixed attitudes that get in the way of an effective response on the part of staff, students and the community. **People tend to react ambivalently to anything that has to do with sex.** Many are uncomfortable talking about sex in a respectful and non-joking manner. ***With sexual violence, there is more blaming of victims and minimization or confusion about the seriousness or harm of the behavior.*** For those victimized by sexual violence, the emotional harm can be profound, striking at the core of one’s self and identity.

Because sexual violence raises so many uneasy feelings, it is easily ignored when other problem behaviors are discussed. In addition, our society typically responds to a “problem of the hour” instead of looking at the connections between various problems. While each problem has unique elements, prevention of an array of forms of violence must have a broader and more interconnected base. When it comes to action to prevent harmful behaviors, **there is overlap between what is needed to reduce sexual violence and what is needed to prevent all other destructive behaviors.”**

Prevention and Intervention of Sexual Violence in Schools: Talking About “It”. Cordelia, Anderson Sensibilities, Inc., 4405 Garfield Ave. South, Minneapolis, MN 55409 in collaboration with a Minnesota Advisory Committee. 2001. pg.4



Prevention has been with us a long time; remember: “an apple a day keeps the doctor away”?



Sexual Violence Prevention: Vermont's Strategic Planning

This document, the Vermont *Sexual Violence Prevention Technical Assistance Resource Guide* (TARG) was created by the Sexual Violence Prevention Task Force (SVPTF), a statewide work group mandated by the “Sexual Violence Prevention Act of 2006”. The TARG’s purpose is to provide guidelines for schools’ capacity-building around sexual violence prevention education.

In 2007, the SVPTF completed its directive to inventory sexual violence prevention programs in the state, specifically those that are delivered in schools, and subsequently, in the spring of 2008, made recommendations to the Legislature regarding the findings.²

These recommendations were completed in tandem with a five-year state planning effort, *The Vermont Approach: A Strategic Plan for Comprehensive Sexual Violence Prevention 2006-2010*, also initiated by the Legislature in 2006, under the direction of the Anti-Violence Partnership at the University of Vermont.³ It represents the culmination of collaborative vision and planning by sexual violence prevention and advocacy stakeholders in state and community-based agencies and policymakers, and reflects sexual violence prevention best

practice thinking from around the nation.

During the summer of 2008, after the shocking report of the case of a young Vermont girl’s brutal and ongoing victimization and subsequent murder by a family member, the Senate Judiciary researched the issues of child sexual abuse, sexual violence and sexual offending behavior, and gathered testimony statewide.

As a result, the 2009 legislative session saw the passage of S.13/ACT 1, an *ACT Relating To Improving Vermont’s Sexual Abuse Response System*, **which included among its measures a directive to strengthen sexual violence prevention by its inclusion in the definition of “health education” to be provided by Vermont schools.** The TARG’s completion is a direct result of ACT 1.

*Note: Information about this and other relevant state laws can be found in **Appendix D** of this document.*

A National Context

The *Technical Assistance Resource Guide* and *The Vermont Approach* each reflect more than two decades of work nationally and in states across the country to move beyond improving policies and practices that respond to sexual violence toward the

development of prevention and education programs and resources.

Faced with statistics like those found in **Appendix F**, community youth advocates, public health and mental health providers, educators, police and public officials all increasingly recognize the urgent need to inform the knowledge, skills and attitudes of youth and adults in order to transform behavior and effect social change.

This education strengthens our potential to reduce sexual abuse and sexual violence across the lifespan in our communities, addressing potential victims, perpetrators and bystanders starting at an early age.

The Centers for Disease Control, the Department of Justice, the National Center for Victims of Crime, the National Sexual Violence Resource Center and the National Center for Missing and Exploited Children are just a few of the agencies and organizations that have supported research, created sexual violence prevention resources informed by that research and provide technical assistance on planning and implementation of prevention programming. Information on these and other resources are included in **Appendix A**.

There is also information in **Appendix D** about several federal statutes related to youth interpersonal violence and

schools.

Prioritizing And Enhancing Sexual Violence Prevention

Government agencies, community-based organizations and schools across the country are recognizing the importance of primary sexual violence prevention as a key component of strengthening capacity to play a role in reducing sexual and interpersonal violence across the lifespan.

Examples from around the nation include:

- Collaborations are being created between community partners and academic researchers to help evaluate the quality and efficacy of prevention activities;
- Schools and local partners are incorporating regular professional development and other training opportunities for those doing prevention work; and
- Youth are finding ways to teach their peers about healthy relationships and sexuality and simultaneously educating their whole community and pushing back against the tide of violence.

Most significant are the increased efforts to fully engage youth and adults across the community in envisioning how, why and what kinds of culturally informed, age-appropriate, collective and collaborative sexual violence prevention work can positively help to transform social and cultural values and behaviors.

The more fully engaged all stakeholders are as active, contributing participants in the planning, design, implementation and evaluation of all aspects of a community's sexual violence prevention work, the more likely that the public health and safety standards we aspire to will be achieved.

What Is the Technical Assistance Resource Guide And Who Is It For?

A Kaiser Family Foundation national study found that parents and students alike want school-based primary prevention programs to teach how to prevent sexually violent behavior and provide information on what to do if a student or someone they know is sexually assaulted.⁴

Author and educator Joan Tabachnick said in a 2008 presentation to the Vermont Network Against Domestic and Sexual Violence, *"If one out of four is sexually abused, then the other three of*

us need to learn how to break the silence around sexual violence."

The TARG chapters that follow and the resources listed in the appendices are designed to help educators, other school personnel and community allies do just that: ***build capacity to recognize and name any and all forms of sexual violence, take preventive steps and contribute significant and needed leadership in school communities.***

S.13/ACT 1 of 2009 amended the definition of "health education" in Vermont education law, 16 V.S.A. § 131 (11), to include the study of:

"how to recognize and prevent sexual abuse and sexual violence, including developmentally appropriate instruction about promoting healthy and respectful relationships, developing and maintaining effective communication with trusted adults, recognizing sexually offending behaviors, and gaining awareness of available school and community resources."

The TARG does not prescribe a “one-size-fits-all” method but instead encourages schools to look at their resources and needs and create programs that are tailored to their community for both sustainability and success. The checklist in **Chapter 4** can assist schools in looking at the various components of effective prevention programs to find one that best suits their needs.

This guide includes developmentally appropriate educational suggestions for Pre-K through 12th grades, making it useful for early childhood educators through high school teachers and administrators. The guidelines and recommendations throughout the document are provided to either assist in reviewing and revising existing prevention programming, or to begin new prevention efforts.

Sexual Violence Prevention As A Component Of Comprehensive Health Education

Through the enactment of 16 V.S.A. § 131 (11); **Vermont is now among the many states that include definitions of sexual violence prevention in their health education statutes.**

School districts and supervisory unions are expected to comply with

this amendment by July 1, 2011; implementing planned instructional activities commencing in the fall of 2011. However, 16 V.S.A. § 131 (11) does not mandate use of specific curricula.

This resource was created to support school efforts to become compliant with this mandate and work toward preventing the perpetration of sexual violence in our communities.

The TARG is useful for:

- **Classroom teachers, health educators** to inform their lesson plans;
- **Early childhood educators** to identify resources for parent education;
- **School counselors** involved in prevention program planning or peer-led prevention strategies with youth;
- **Curriculum committees** or other **school or district-wide planning groups** engaged in instructional program development;
- **Principals, superintendents and other administrators** planning and identifying resources for providing sexual violence prevention orientation and education opportunities for school personnel.

TARG Overview:

*“....the rise of primary prevention has widened our focus beyond reacting to [sexual and interpersonal violence] issues. It has provided a proactive paradigm: Helping us to articulate how we will nurture future generations to be less violent, healthier, and happier. ...**These guidelines are meant to serve as an organizing philosophy rather than an irrefutable prescription for prevention work.** Due to the enormous amount of resources needed to achieve all of these ideals, it is not realistic that prevention initiatives could “check off” all of the programmatic components contained in these guidelines. Rather, the questions posed by the guidelines are meant to act as benchmarks, facilitating constant improvement in primary prevention program development.”*

Virginia’s Guidelines for the Primary Prevention of Sexual Violence & Intimate Partner Violence. Virginia Sexual & Domestic Violence Action Alliance. 2009, pg.3.



Getting Started- Sexual Violence Prevention Basics

The TARG provides a basic background for understanding sexual violence prevention “best practice” concepts and standards. Use of the content in these chapters will provide a good foundation for complying with the sexual violence prevention content definitions in 16 V.S.A. § 131 (11).

Chapter Two provides definitions of sexual violence prevention and guidelines for how to identify appropriate and useful curricula and resources for the needs and context of each school district or supervisory union’s community. Included is information about **engaging stakeholders** and collaborators in the planning process as fundamental to effective implementation, particularly the need to include outside the classroom educational components, at all grade levels, directed at adults – parents, all school personnel and allied community members.

There is also information about the critical importance of creating a safe and confidential environment for students who may have experienced or be experiencing sexual violence and choose to disclose or not disclose, or those who may be at risk of developing abusive behaviors.

Chapter Three describes key elements of successful prevention program development

and implementation, including: how to identify curricula and resources that work for each community and particular challenges related to teaching on the topic of sexual violence.

This chapter also aligns developmentally appropriate knowledge, skills and attitudes that will help students develop the ability to make healthy and safe behavior choices around issues of sexuality and sexual violence with the current Vermont Grade Expectations for comprehensive health education.

Moving Sexual Violence Prevention Forward

Chapters Four and Five outline community needs assessment tools, planning models and program evaluation guidelines. The recommendations and resources in each of these chapters help to inform both short and longer term prevention plans with the potential to greatly enrich the value and success of prevention activities.

The more comprehensive the planning and ongoing evaluation of sexual violence prevention purpose and practice, based on the needs of the local community, the more likely that the prevention goals will be achieved and sustained.

Chapter Four's suggested planning methods and resources include ways to

enhance and link together existing structures and activities in schools to including sexual violence prevention as a fully integrated component of a student's experience.

Chapter Five offers basic evaluation guidance, a necessary step in determining whether or not the lessons and activities being implemented support the changes in knowledge, skills, attitude and ultimately **behaviors** that constitute the prevention purpose and goals. Whether or not an individual educator or school initiates sexual violence prevention efforts on a small scale, maybe in one or two classrooms, or is able to map out a larger plan from the start, evaluation is a key component of measuring how the effort is working. The chapter includes easy to use principles of evaluation design and discussion of how to analyze the results and regularly review and improve the work.



The Appendices:

Throughout this document, references are made to helpful sexual violence prevention resources in the Appendices. These include:

- Bibliography of current sources in the sexual violence prevention literature
- Examples of prevention curricula, resources and materials
- State and national statistics
- Web and other media sources
- Vermont and national organizations
- Relevant state and federal statutes
- Sample forms and quick reference sheets

These listings are not exhaustive, rather meant to include current sources for sexual violence prevention materials designed for various educational settings and communities. The guidelines and criteria in the TARG can assist in determining the suitability and quality of particular resources for schools and communities.



Chapter 2:

Sexual Violence Prevention- Using What Works

The purpose of this chapter is to provide current sexual violence prevention best practice information, addressing:

- Current sexual violence prevention definitions and concepts
- The Nine Principles of prevention
- Engaging community prevention partners
- Including adults in school-based sexual violence prevention activities
- Responding to disclosures of abuse

Quick Reference Materials:

- ✓ Definitions of sexual violence prevention
- ✓ The Social-Ecological Model of prevention
- ✓ The Nine Principles of Prevention

The challenge of implementing sexual violence prevention education in schools can at first appear daunting. School communities may already face competing demands with their full workloads, budget cuts, lay-offs and educational reforms mandating standardized testing in specific content areas. Additionally, educators may feel ill-prepared to begin the process of addressing sexual violence prevention. *These concerns and competing demands represent real challenges.*

Why Should Schools Take On This Role?

Violence of any sort is counter-productive to the educational process. Sexual violence, in particular, has far reaching negative effects that have an impact at all levels of school communities. ***Schools are in a unique position to help young people shape positive, healthy attitudes, beliefs and behaviors that work to prevent sexual and other forms of violence.***

Definitions:

Sexual violence prevention is a systematic process that promotes healthy environments and behaviors and reduces the likelihood or frequency of occurrence.¹

Sexual violence prevention can be divided into the following three categories:

- **Primary prevention:** activities that take place *before* sexual violence has occurred to prevent initial perpetration or victimization;
- **Secondary prevention:** immediate responses *after* sexual violence has occurred to deal with the short-term consequences of violence; and,
- **Tertiary prevention:** long-term responses *after* sexual violence has occurred to deal with the lasting consequences of violence for the victim/survivor, as well as sex offender treatment interventions.²

Effective primary prevention education strengthens schools and makes them safer, especially when coupled with well-coordinated interventions and services provided in collaboration with allied community partners such as child advocacy centers, rape crisis programs and other victim services agencies.

A recent review of 53 studies of school-based programs intended to prevent violent behavior concluded that the studies provide strong evidence that universal school-based programs are effective in reducing violence.³ Positive results were found at all school levels—from pre-kindergarten through high school.

“Universal” is defined as activities directed toward all students of a particular grade or age-group; not targeted to children whose circumstances place them at increased risk for perpetrating or being the victims of violent behavior.

Perhaps of equal importance to educators, many programs were found to have beneficial effects on traditional academic outcomes, such as attendance and school performance. See Appendix F for more life outcomes.

Another point to consider is that “best practice” evolves and develops through consistent use over time. Prevention researchers acknowledge “the majority of best practices...are based on the hands-on, empirical observations of intervention practitioners and evaluators.”⁴ This doesn’t limit their value, instead it reminds us that the practice of regular review and evaluation necessary for other school efforts is equally critical with sexual violence prevention material as well. Following the guidelines will help strengthen local “best practice” capacity.

“Best practices are the elements and activities of intervention design, planning, and implementation that are recommended on the basis of the best knowledge currently available. Best practices have been identified through extensive literature reviews and interviews with experts.”

Best Practices of Youth Violence Prevention:
A Sourcebook for Community Action.
Division of Violence Prevention, National Center for Injury Prevention and
Control, Centers for Disease Control and Prevention, 2002



A Strategic Prevention Framework
<http://prevention.samhsa.gov/about/spf.aspx>

Best Practice Prevention Models And Principles

Risk And Protective Factors

Risk factors are attributes, situations, conditions or environmental contexts that **increase the likelihood** of the occurrence of sexual violence.

Protective factors are attributes, situations, conditions or environmental contexts that work to **decrease the likelihood** of the occurrence of sexual violence.⁵

Risk and protective factors affect individuals and whole communities, depending on the context. **The goal of prevention programs and activities is to provide the tools and resources to help reduce or diminish risk factors and strengthen protective factors.** What this looks like may vary among individuals and communities, but the underlying concepts are the same.

Chapter Five includes information on the importance of assessing community risk and protective factors as part of the initial prevention planning process with all stakeholders involved.

Activities that illustrate risk and protective factors related to

Examples of individual and community level risk and protective factors:

RISK:

- Hostility towards women.
- Witnessed family violence as a child.
- Emotionally unsupportive family environment.
- General tolerance of sexual assault within the community.
- Weak community sanctions against sexual violence perpetrators.
- Societal norms that support male superiority and sexual entitlement.
- Weak laws and policies related to gender equity.

PROTECTIVE:

- Presence of skills to experience healthy sexuality and engage in healthy relationships.
- Willingness and ability to be active participants in a thriving community.
- Families and/or other important figures provide a caring, open, and encouraging environment that actively promotes positive development.
- Peers, families, and intimate partners effectively identify and respond to unhealthy/problem behaviors.
- Diverse people are engaged within their communities in activities promoting healthy relationships and healthy sexuality.
- Schools that teach healthy beliefs.

Note: The CDC focuses its efforts on preventing the first-time perpetration of sexual violence. Therefore the above list pertains to potential perpetration rather than victimization. A more complete list can be found at:

http://www.cdc.gov/ncipc/dvp/SV/svp-risk_protective.htm

sexual violence contribute to a better understanding of sexual violence and help practitioners build strength based programs.

Social Ecological Model

The **Social Ecological Model** (SEM) supports a *comprehensive* public health approach that not only addresses individual risk and protective factors, but also the norms, beliefs, and social and economic systems that create the conditions for the occurrence of sexual violence. This model incorporates risk and protective factors from multiple domains, and identifies four levels of human experience at which prevention activities can be directed.⁶

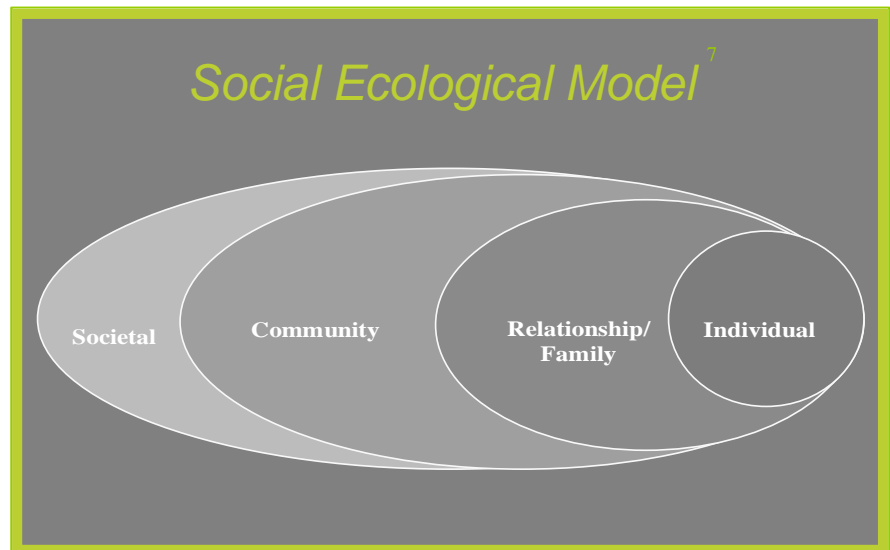
<i>Social Ecological Level</i>	<i>Definition</i>	<i>Prevention Strategy Example</i>
<i>Individual</i>	Personal knowledge, attitudes and skills influencing behavior.	Ongoing school based group for boys to talk about masculinity and healthy sexuality.
<i>Relationship</i>	Interactions with family, intimate partners and peers.	Classes for parents and school professionals that provide opportunities to talk about teaching healthy sexuality and relationships to youth.
<i>Community</i>	An individual's experiences and relationships with systems such as schools, workplaces, and neighborhoods.	School holds a "Healthy Relationships" week and promotes activities that spread into the community, like displaying youth created art projects that reframe sexist and violent advertising into positive and respectful messages .
<i>Society</i>	Macro-level factors that influence sexual violence such as gender inequality, religious or cultural belief systems, societal norms, and socio-economic factors such as forms of oppression.	Students are encouraged to and supported in staying informed of state and national policy discussions and advocating for changes towards gender equality and equal rights.

While many prevention efforts have been focused at the individual level, it is now recognized that the most effective prevention efforts move beyond that single level and wrap around a community. The degree to which the planning process considers the inter-connectedness of the different levels

increases the likelihood that

the results will be successful and have wider reach. Engaging the community with sexual violence prevention information for adults, for example, can strengthen the reinforcement of messaging delivered to students in the schools.

*For a more detailed explanation of working with the Social Ecological Model, refer to the Spectrum of Prevention, referenced in **Appendix C**.*



Perpetrator Prevention

Effective sexual violence prevention addresses several points of view: that of the victim, the bystander, *and the perpetrator*. For example, children who have positive and healthy relationships do not generally develop abusive behaviors. A hypothesis developed by Gail Ryan of the Kempe Children's Center⁸ in Denver cites three qualities that prevent the development of abusive behaviors:

- **good communication skills** (stating feelings/needs/wants and getting them met without "acting out");
- **empathy** (accurately interpreting the emotional cues of others and responding in a way that demonstrates caring/respect); and,
- **accountability** (having the accurate understanding that one is responsible for one's own behavior, and not for the behavior and feelings of others.)

Incorporating elements of each of these in prevention programming is critical.

In Brief:**Nine Principles of Prevention****1. Comprehensive:**

Strategies should include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target problem.

2. Varied Teaching Methods:

Strategies should include multiple teaching methods, including some type of active, skills-based component.

3. Sufficient Dosage:

Participants need to be exposed to enough of the activity for it to have an effect.

4. Theory Driven:

Preventive strategies should have a scientific justification or logical rationale.

5. Positive Relationships:

Programs should foster strong, stable, positive relationships between children and adults.

6. Appropriately Timed:

Program activities should happen at a time (developmentally) that can have maximal impact in a participant's life.

7. Socio-Culturally Relevant:

Programs should be tailored to fit within cultural beliefs and practices of specific groups as well as local community norms.

8. Outcome Evaluation:

A systematic outcome evaluation is necessary to determine whether a program or strategy worked.

9. Well-Trained Staff:

Programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision.

Nine Principles Of Prevention

One of the widely recognized sets of criteria used to evaluate the potential usefulness and efficacy of sexual violence prevention resources are the *Nine Principles of Prevention* compiled by Nation et al from a prevention literature review in *What Works in Prevention: Principles of Effective Prevention Programs*.⁹ From what they reviewed, effective sexual violence prevention is:

1. Comprehensive:

Comprehensive programming provides an array of interventions to address the target problem. Effective prevention programming is multidimensional, incorporating multiple interventions within multiple settings to address critical domains (family, peers, community) recognizing that these influence the development and perpetuation of the target behaviors.

Example: School-based comprehensive prevention might include: imbedding sexual violence prevention as a component of activities like “step-up day”, new student orientation and parent conferences; awareness workshops within specific groups (school sports / activity groups) that happen during wider school activities such as awareness weeks, scheduling educational opportunities from community-based organizations within existing forums such as school board and PTA / PTO meetings.

*These activities recognize that classroom-based efforts alone do not adequately support the objective of 16 V.S.A. § 131 (11). See **Appendices A and B** for resources.*

2. Varied Teaching Methods:

Strategies should include multiple teaching methods, including some type of active, skills-based component. Although helping children and adults gain knowledge about sexual violence is important, actual skill development is imperative to effective sexual violence prevention.

***Example:** A lesson plan for working with middle school students might include a completion where the high school youth create their own videos showing the process of checking for consent with their partners; along with assigned reading and classroom discussion.*

“Prevention strategies will often include activities that focus on knowledge change, attitude change and behavior change. In these cases, knowledge and attitude change activities will precede behavior change activities as the knowledge and attitude activities provide the rationale/motivation for why the behavior change is needed.”

Centers for Disease Control and Prevention National Center for Injury Prevention and Control Division of Violence Prevention. Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement, CE07-701 (Rape Prevention and Education). 2009; p.85.

3. Sufficient Dosage:

A program incorporates the sufficient dosage principle when it implements strategies that provide enough intervention to produce the desired effects and, in addition, provides follow-up as necessary to maintain the effects. Effective strategies, on average, provide more contact with participants. Research has consistently shown that programs that emphasize a one-time presentation focused on raising awareness rarely produce behavioral change.

***Example:** Mentoring programs that produce relationships lasting a year or longer are most beneficial. Regular contact (at least every two weeks) in a coaching program or after-school “club”, for example, is recommended. Another example would be a multi-unit, multi-*

method curriculum sequence allowing for twelve or more sessions over the course of a school year.

4. Theory Driven:

A program incorporates the theory driven principle when it selects or develops strategies that are supported by a well-validated behavior or social change theory. The four theories commonly used in public health and health promotion are:

- (1) Health Belief Model,**
- (2) Theory of Reasoned Action,**
- (3) Transtheoretical Model, and**
- (4) Diffusion of Innovation.**

Three of these models (1, 2 and 3) focus on individual behavior change and the fourth (4) focuses on community-level change (i.e. social change). The *Diffusion of Innovation* theory provides program

planners with information about the pros and cons of different methods of communication as a basis for promoting community-level change. It describes the different results obtained from communication via mass media and interpersonal channels (face-to-face exchange). The other theories provide information about factors that influence individual behavior change, including the importance of reinforcing and aversive consequences.

***Example:** A school district, partnering with a local college researcher, selects or develops a sexual violence intervention strategy using knowledge gained from an individual or social change theory in combination with the Social Ecological Model (SEM) and relevant best practice recommendations.*

5. Positive Relationships:

Programs should foster strong, stable, positive relationships between children and adults. Children who have an open, communicative relationship with at least one trustworthy adult are far less likely to become targets of sexual violence. Adults may need training on how to be open and “askable” as well as how to carry out a sexual violence prevention activity.

Children also need information and skills that foster positive peer relationships. Respect for others’ boundaries and education around issues of consent are very important to preventing sexual violence in peer relationships.

***Example:** Teachers and the PTO in an elementary school partner to conduct an adult education program to practice listening, staying calm, and giving honest answers to children’s questions about sexuality. The program is conducted early in the year before companion age-appropriate classroom sessions for the schools’ children are implemented.*

6. Appropriately Timed:

Program activities should happen at a time (developmentally) that can have maximal impact on a student’s life. Appropriately timed strategies focus on changing the potential trajectory of sexual violence by reducing risk factors or increasing protective factors associated with sexual violence prior to a person perpetrating or experiencing sexual violence. Appropriately timed strategies also take the developmental (i.e., intellectual, cognitive, and social) needs of participants into consideration.

***Example:** A K-8 school implements a series of sexual violence prevention programs starting in their Pre-K classes and continuing at each grade level based on a consistent core message with age appropriate information and skills practice. (See [Chapter Three Grade Expectation Charts](#))*

7. Socio-Culturally Relevant:

Social and cultural relevance describes the ability of a program to address the target population in ways that are meaningful and within the cultural norms and practices of that population.

Positive prevention outcomes are most likely to occur when prevention efforts are designed with an eye to the target population(s) and the wider local community. This requires recognizing cultural norms of the community and the populations that make up the environmental context of school-based prevention work. Including members of these groups in prevention program planning increases positive outcomes.

Example: Socio-culturally relevant sexual violence prevention efforts might include: establishing a collaborative work group to plan, design and evaluate prevention efforts; its members would include students, teachers, administrators and a variety of community members who represent constituent populations such as minority and immigrant communities.

8. Outcome Evaluation:

A program incorporates the outcome evaluation principle when it has clear goals and objectives and its design includes systematic documentation that enables users to determine whether the program produced the desired effects.

Chapter Five, Evaluating for Prevention Activities, includes additional information about outcome evaluations, using the SMART model.

It is also important to recognize the value of process evaluation (activities that gather data on how the strategy was implemented), in addition to the outcome evaluation. Studies of outcomes have

shown that activities that monitor implementation generally have greater effects than those that do not.

Example: A school district implements a multi-grade level program to prevent dating violence among high school students (grades 9 through 12). It uses recent Youth Risk Behavior Survey (YRBS) data for behaviors specific to the school district. The school will use future YRBS results to measure whether the program's goals and objectives were achieved.

9. Well-Trained Staff:

Sexual violence prevention staff need to be well trained in both the content of the sexual violence prevention materials used and be prepared to discuss matters of sexuality. Even well developed, research-based programs can prove to be ineffective when the people charged with delivering them are not adequately trained. Other factors that can negatively impact the ability to deliver programming effectively include personnel turnover and a lack of “buy-in.”

Example: A school district offers a regular workshop on sexual violence prevention teaching methods during annual in-service days for school personnel; including skills practice and mentoring led by seasoned school personnel and community prevention partners.

Promoting Sexual Violence Prevention Training And Education For School Personnel And Adults In The School Community.

A 2007 statewide survey of Vermont schools found that sexual violence prevention work was typically being done by a limited number of school staff within a narrow range of grade levels. *Current research informs us that effective prevention work in schools requires age appropriate education at all levels of the school system.* Furthermore, it is recognized that all school staff and adults in the community play an important role in sexual violence prevention. Those who work in the school cafeteria, driving the bus, or in school maintenance see children interacting everyday, as well as teachers and school administrators. ***All adults who witness behavior that bullies, harasses, or otherwise perpetuates violence need to know how to respond effectively and consistently in order to bring about true change.***

When selecting activities and resources, choose ones that not only include guidelines and instructions for implementation and materials for training and preparing those conducting the program, but also include ideas and resources for engaging the broader school community in sexual violence prevention education.

Recognizing that the implementation of 16 V.S.A. §131 (11) requires the collaboration of school staff and community members; adequate, consistent training is crucial to the success of this effort. Sexual violence prevention involves the examination and discussion of uncomfortable subjects. It is important that those involved in the primary prevention programs be sensitive to the topic and attitudes that support sexual violence and be willing to discuss them. Their ability to role model appropriate language, affect and behavior sets the tone for a positive school culture.

This process requires ongoing training opportunities for school personnel and adults in the community. These trainings may best be facilitated by utilizing existing advocacy and education organizations in the local and statewide community. Organizations are available for training, on-going technical assistance and follow-up and will be the go-to resources when dealing with disclosure and other situations where support services are indicated. ***Collaborations are the key to success.***

Identifying And Engaging Community Prevention Partners

Vermont school communities are fortunate to have local and statewide sexual violence prevention agencies with whom to collaborate and seek assistance from in this important effort.

Statewide and Community-based agencies and allies are key partners in school-based sexual violence prevention education and have a wealth of knowledge and expertise.

It is recommended that schools develop relationships with local agencies. These partnerships can build on existing collaborations or task forces. Such efforts create opportunities to stretch and maximize existing resources and build good working relationships.

Chapter Four, Making A Sexual Violence Prevention Plan, includes information about engaging community stakeholders.

Appendix B provides a listing of community-based agencies, potential partners for sexual violence prevention planning and implementation.

COMMIT TO KIDS

A program to help child and youth serving schools and organizations prevent child sexual abuse, called ***Commit to Kids™***, has been provided to schools and licensed child care facilities throughout Vermont through the Vermont Department for Children and Families.

These materials will help schools meet statutory requirement of ACT 1, including orienting staff about the scope of the problem, the signs and symptoms of abuse, and creating safe environments for children and youth. The ***Commit to Kids*** program materials can support efforts to incorporate sexual violence prevention education in school.

Questions:
call DCF (802) 241-3110

Other materials to support adults in the community as they help prevent child sexual abuse can be found at:

www.protectkids.vt.gov

Learn what you can do to prevent, recognize, and react responsibly to the crime of child sexual abuse.

™ *Commit to Kids* is a trade-mark of the Canadian Centre for Child Protection Inc.

Preparing To Respond To Disclosures Of Abuse



***Five students
In a typical U.S. teacher's
classroom have been
or will be reported
as being possible
victims of abuse.¹¹***

Quick Reference Guide:

In **Appendix E**, there is a ***“How to Handle Disclosure”*** reference page to guide your response to disclosures with children and youth. You can also call the:

**Vermont Department for Children and Families
Child Abuse Hotline: (800) 649-5285
or go to the DCF website: <http://dcf.vermont.gov/>**

During school-based sexual violence prevention education presentations and events children, youth or adults may disclose current or past abuse. ***Being prepared to respond appropriately in a supportive way is important.***

Research indicates that just 30% of child abuse victims disclose during childhood. (Robins, 2000).¹¹ This is often due to fear of negative reactions such as not being believed or being blamed for the abuse. Children are often conflicted and confused

about abuse and fear the harm disclosing will have on their relationships—perhaps including the one they have with the abuser.

For these reasons, a child's decision to disclose does not rest solely with the child—the likelihood of disclosure also relies on the behavior of the protective adult figures in the child's life. ***See Disclosure: What You Need to Know in Appendix E for a list of strategies to increase the likelihood of disclosure.***

Adults have four areas of responsibility related to disclosures:

- Create environments that increase the likelihood of disclosures.
- Know how to recognize disclosures when they happen.
- Respond to disclosures appropriately.
- Support children effectively in the aftermath of disclosures.

Disclosure can be very challenging for a child, from both an emotional and developmental perspective. It is essential that adults know when behaviors and situations necessitate a closer look. Adults need to equip themselves with information and education about grooming tactics perpetrators use and other warning signs of sexual violence.

Visit protectkids.vt.gov for more information.

There are some special considerations when preparing for disclosures from the adolescents. Adolescents may distort abuse and consider themselves in a romantic relationship with the offender. Disclosures in this circumstance are more likely to be made in reaction to the offender ending

the “relationship” or out of jealousy.¹² They may also be resistant to adult intervention and try to protect an offender whom they consider a “boyfriend” or “girlfriend”.

School mental health and counseling staff are key stakeholders to engage in prevention education planning. They can help with disclosures as well as other student supports, resources and referrals. Counselors are also familiar with Vermont’s mandated reporting procedures and many of them have been trained in a “trauma-informed” approach, a current holistic way of working with individuals and families affected by sexual and other forms of interpersonal violence.

Trauma-informed services

“Trauma-informed services are designed...in a manner that acknowledges the role that violence and victimization play in the lives of most consumers [of diverse social services] Experiences of interpersonal trauma (such as childhood physical or sexual abuse or neglect, or adult domestic violence), are a betrayal of human values and often cause lasting and severe ... impairment in the survivor’s basic sense of who they are, trust in others, participation in society and culture and the health and integrity of his or her body.”

Trauma informed systems of care. Vermont Agency of Human Services. 2003. <http://humanservices.vermont.gov/policy-legislation/policies/01-general>

Be Prepared: Adults Reactions

Adults attending prevention programs may have a range of reactions. Some may be angry, some may appear to shut down during a presentation, or leave the room temporarily. They may be coming from a variety of different experiences regarding their own history of abuse or abuse in their immediate family. Some may offer a disclosure for the first time after a presentation.

Presenters need to respect people's reactions, be emotionally prepared to potentially hear stories, and also able to provide them with referrals and resources. Partnering with local sexual and domestic violence agencies strengthens preparedness for these support opportunities.

A list of Vermont state and local resources are found in Appendix B.

Considerations for response around a “disclosure” with teens:

The most important first step is to stay with the content of what you are hearing – not rush to the “we have to report” part of the conversation. Any self disclosure of import is an unusual gift of trust for a young person to offer so spending time really listening and neither getting upset nor jumping to problem solving is critical.

Moving the conversation to a place of safety is an important part of response. This is difficult if the person disclosing does not see safety as part of the issue. This is sometimes possible in talking about power and control issues, or discussing how this behavior may emerge with others beyond the person disclosing and the situation/person they are disclosing about.

The conversation should also include the law and the concept of mandatory reporting. A report **has** to be made so the conversation needs to be moved to what is a way of reporting that takes into account the safety and needs of the victim. This includes how and when a report is made and by whom. There also should be a conversation about what is likely to happen as a result of a disclosure, including how the process works and advocating for any special considerations with DCF – particularly around safety concerns.

- from Tim Wile,
Vermont school counselor

“If one out of four is sexually abused, then the other three of us need to learn how to break the silence around sexual violence.”

~ Joan Tabachnick

Author, *"Engaging Bystanders in Sexual Violence Prevention"*, National Sexual Violence Resource Center, 2008.
http://www.nsvrc.org/cms/fileUpload/Projects/Engaging_Bystanders.pdf



Victim safety and perpetrator risk

While engaging in prevention planning, consider the following:

- Consult with school or community mental health professionals (while protecting confidentiality) about needs and concerns around known sexual assault survivors and/or adjudicated juvenile offenders who may be present in school and how planned prevention activities may affect them.
- Plan staff training and practice about response to, support and affirmation of student disclosures of abuse and subsequent decision-making.
- Build staff capacity to be trusted and trustworthy adults who help students understand required teacher-student boundaries and mandated reporter requirements.
- Make support/de-brief opportunities/resources available for all staff when disclosures occur; consult community mental health providers in advance.

Chapter 3:

Identifying Sexual Violence Prevention Resources For The Classroom And School

The purpose of this chapter is to provide educators and administrators with a framework of the knowledge, skills and attitudes to be included in sexual violence prevention education, addressing:

- How to present sexual violence prevention content
- Vermont health education grade expectations (knowledge and skills) that align with sexual violence prevention education
- How to identify curricula and resources for sexual violence prevention
- How to measure student learning.

Quick Reference Materials:

- ✓ Health education grade expectations grid
- ✓ Checklist for identifying sexual violence prevention curricula and resources

In this chapter, we will look at the ***Vermont Health Education Grade Expectations (GEs)***, developed by the Vermont Department of Education, for each grade cluster and identify where sexual violence prevention fits within health education. Prevention activities should address the GEs laid out in this chapter for each grade cluster.

As a set, grade expectations should lead to focused, coherent, and developmentally appropriate instruction without narrowing the curriculum and can be used for local curriculum and assessment development.

Vermont Department of Education
http://education.vermont.gov/new/html/pgm_health_ed/gle.html

The Importance Of Health Education

Health literacy is presently considered to be essential for students to adopt and maintain healthy behaviors. A 2004 report by the Institute of Medicine on Health Literacy states that “the most

effective means to improve health literacy is to ensure that education about health is part of the curriculum at all levels of education.”¹

Health education should contribute directly to a student’s ability to successfully practice and maintain behaviors that protect and promote health and avoid or reduce health risks.² The National Health Education Standards (NHES) emphasize knowledge and skills that are critical to the healthy development of children and adolescents. “Knowledge” includes the most important facts, while essential “skills” encompass analysis and communication that lead to the practice and adoption of health-enhancing behaviors.³

While it is the responsibility of adults to protect youth from perpetrators of sexual violence, there are skills, knowledge and attitudes that can be developed in students which will help reduce the prevalence and tolerance of sexual violence in communities and lead to decrease perpetration, increased intervention and real social

change and safety.

The SVPTF pulled from local expertise and recognized best practice to identify essential skills, knowledge and attitudes to help prevent sexual violence through bystander intervention and perpetrator prevention and aligned them with the **Vermont Health Grade Expectations**. These are presented in the following pages in grade clusters and also in **Appendix E** in an aggregate format.



It may be useful to refer to the **National Health Education Standards (NHES)** and the **Health Education Curriculum Analysis Tool (HECAT)** based on those standards, available from the Centers for Disease Control website. HECAT: <http://www.cdc.gov/HealthyYouth/hecat/index.htm>

Even though sexual violence prevention education crosses many content areas, most of the evidences presented are pulled from the these content areas from the Vermont Health Education Grade Expectations:

Mental and Emotional Health (MEH)

This concept area focuses on essential content students need to know to handle emotions in positive ways, anger and conflict management, stress management, respect, and mental health issues, including depression and suicide.

Family, Social and Sexual Health (FSSH)

This concept area focuses on essential content students need to know about personal and family relationships, growth and development, sexuality education, including abstinence, and sexually transmitted infection, including HIV/AIDS.

Violence and Injury Prevention (VIP)

This concept area focuses on essential content students need to know about fire and water safety; first aid prevention and care for injuries; pedestrian, bicycle, and vehicle safety; use of protective equipment, including seat belts; personal safety; and violence prevention, including bullying, hazing, and harassment.

The Sexual Violence Prevention Task Force has added some language specific to sexual violence prevention through health and sexuality education. We have noted these areas.

Skills, Knowledge And Concepts Aligned With Health Expectations

The following set of charts is to be used in helping school communities incorporate sexual violence prevention education into health education.

These charts identify standards and grade expectations that are developmentally appropriate and effective. Prevention activities should address the objectives outlined.

For document ease of use and identification purposes, the decision was made to number the “evidences” rather than use bullets; the numbers do not correspond across grade clusters or align with the numeration from the Vermont Health Grade Expectations.

In addition, there are some evidences recognized as best practice for sexual violence prevention education not found in the Vermont Health Grade Expectations. These are included in the following charts and the variance from the Vermont Health GEs indicated by ***ALL CAPITAL LETTERS AND ITALICS***.

Some evidences are similar across content areas and language has been combined to be inclusive of both while avoiding repetition; these combinations

are indicated by **bold and underlined text**.

Appendix E includes a chart with grades PreK-12 GEs side by side for a comparison of how evidences progress and build upon each other as a child ages and is able to understand more complexity and talk more deeply about healthy sexuality and sexual violence prevention.

“...prevention messages ...should be broadened to include information about the risk of sexual abuse not only from adults but also from juveniles.”

Juveniles Who Commit Sex Offenses Against Minors. Finkelhor, David, Ormrod, Richard and Chaffin, Mark. OJJDP Juvenile Justice Bulletin. 2009. p.g. 7-8.



The Vermont Department of Education and Department for Children and Families Services, in collaboration with the members of the Sexual Violence Prevention Task Force, and allied organizations statewide, are resources to move forward schools' sexual violence prevention planning, implementation and use of the *Technical Assistance Resource Guide*.

For technical assistance referrals, contact the Department of Education at

802-828-1636

education.vermont.gov

Grade Cluster: Prek-2	
Stem	This is evident when students...
HE1: Self Management Students will understand how to reduce their health risks through the practice of healthy behaviors.	
HE2: Core Concepts Students will show an understanding of health promotion and disease prevention concepts.	<ol style="list-style-type: none"> 1. <i>IDENTIFY AND NAME BASIC MALE AND FEMALE REPRODUCTIVE BODY PARTS.</i> 2. <i>IDENTIFY AND DESCRIBE HEALTHY (RESPECTFUL) PHYSICAL AFFECTION (E.G TOUCH).</i> 3. Describe a variety of feelings and the importance of expressing them in appropriate ways.(MEH-b)
HE3: Analyzing Influences Students will show understanding of how culture, media, peers, family and other factors influence health.	
HE4: Accessing Information Students will demonstrate the ability to access valid information and/or resources about health issues, services and products.	<ol style="list-style-type: none"> 1. Identify trusted individuals in the home, school and community who can provide help with troublesome feelings and solving problems (e.g. feelings, solving problems, health issues).(MEH-a)
HE5: Interpersonal Communication Students will demonstrate use of skillful communication to contribute to better health for themselves, their families, and the community.	<ol style="list-style-type: none"> 1. Use effective verbal and non-verbal communication skills to express ideas, needs, wants and feelings (e.g. making friends; giving and accepting compliments or statements of appreciation).(FSSH-a) 2. Demonstrate ways to communicate care, consideration and respect for self and others (e.g. making friends, giving and receiving compliments).(MEH-b) 3. Demonstrate verbal and non verbal ways to ask trusted adults for help, including how to report unsafe, scary or hurtful situations in the home, school or community.(VIP-a) 4. Demonstrate what to say and do when witnessing bullying or other potentially harmful situations. (VIP-c)
HE6: Goal Setting Students will demonstrate the ability to set personal goals to enhance health	
HE7: Decision Making Students will demonstrate the ability to make decisions that lead to better health.	<ol style="list-style-type: none"> 1. Explain when assistance is needed in making health related decisions (MEH-a) (e.g. tattling vs. getting help) (FSSH-a) <i>(SECRETS AND WHEN TO SHARE INFORMATION)</i>.

Teaching Highlights: Pre k-2

1. Teach the proper names of all body parts and how to name emotions. Children with poor language skills are more vulnerable to potential offenders (less likely to tell someone) and at a higher risk to develop abusive behaviors (acting-out). Offenders depend on silence and secrecy.
2. Teach healthy boundaries around physical touch – i.e., asking for permission before touching others and everyone has the right to say “no” to touch.
3. Help children understand that touch and physical affection are never a secret.
4. Help children identify more than one adult who they can ask for help.

Things to consider:

1. Avoid telling children to figure out if a touch is “good”, “bad”, “appropriate”, “inappropriate”, “safe”, “unsafe”, etc. because they are not developmentally able to make these distinctions.
2. Avoid saying that they “have to” or “should” tell someone if they are sad or mixed-up. Instead say that they “can” ask for help. The distinction is important to avoid putting the burden of disclosure on children.
3. Avoid blaming language, i.e., “don’t let someone hurt you.” Blaming language may make children who have been victimized feel worse and not seek help.

Grade Cluster: 3-4	
Stem	This is evident when students...
HE1: Self Management Students will understand how to reduce their health risks through the practice of healthy behaviors.	1. Describe how to be a responsible friend and family member.(FSSH-a) 2. Demonstrate ways to show care, consideration and respect for self and others (boundaries) (FSSH-b) <u>including how to help others and to accept differences</u> (MEH-b)
HE2: Core Concepts Students will show an understanding of health promotion and disease prevention concepts.	1. Identify basic male and female reproductive body parts and their function.(FSSH-c) 2. Explain the difference between bullying and teasing (<i>E.G. SEXUAL TEASING</i>). (VIP-c)
HE3: Analyzing Influences Students will show understanding of how culture, media, peers, family and other factors influence health.	1. Analyze how friends, older students, family members and others influence behaviors. (FSSH-a) 2. Analyze how advertising and media influences the initiation or risky behaviors.(VIP-a)
HE4: Accessing Information Students will demonstrate the ability to access valid information and/or resources about health issues, services and products.	
HE5: Interpersonal Communication Students will demonstrate use of skillful communication to contribute to better health for themselves, their families, and the community.	1. Use appropriate communication (e.g. refusal skills, asking for help, “I messages) and listening skills to enhance health and safety for self and others.(VIP-a) 2. Express intentions to stop bullying as a bystander, perpetrator, or victim.(VIP-d) 3. Identify communication to build and maintain healthy relationships.(FSSH-a) 4. Demonstrate the ability to use listening skills to support others and understand their feelings (MEH-b)
HE6: Goal Setting Students will demonstrate the ability to set personal goals to enhance health	
HE7: Decision Making Students will demonstrate the ability to make decisions that lead to better health.	1. Demonstrate effective ways to express needs, wants, and feelings to build, promote and support positive health and relationships, including setting and respecting limits and boundaries <u>and seeking help and support.</u> (FSSH-a) (MEH-a)

HE7: Decision Making Students will demonstrate the ability to make decisions that lead to better health.	2. Demonstrate the ability to ask a trusted adult for help when feeling personally threatened, unsafe, or to report suspected place for school violence. (VIP-a) 3. Demonstrate non-violent strategies to resolve conflicts. (VIP-c)
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Teaching Highlights: Grades 3-4

1. Teach students how to identify messages that they receive from friends, family and the media and think about how the messages affect decisions.
2. Teach students about setting and maintaining boundaries as an essential component for safe and responsible relationships.
3. Reinforce the use of proper names of all body parts.
4. Teach tolerance and dealing with conflict respectfully and productively.
5. Build effective communication skills as a component of healthy relationships.
6. Children understand that touch and physical affection are never a secret.

Things to consider:

1. When teaching tolerance cultural differences need to be respected.
2. This topic is complex and can be threatening to all those involved.
3. Avoid blaming language, i.e., “don’t let someone hurt you.” Blaming language may make children who have been victimized feel worse and not seek help.
4. Avoid saying that they “have to” or “should” tell someone if they are sad or mixed-up. Instead say that they “can” ask for help. The distinction is important to avoid putting the burden of disclosure on children.

Grade Cluster: 5-6	
Stem	This is evident when students...
HE1: Self Management Students will understand how to reduce their health risks through the practice of healthy behaviors.	<ol style="list-style-type: none"> 1. Demonstrate ways to build and maintain positive relationships, friendships, and a sense of belonging (FSSH-b) 2. Demonstrate ways to avoid or change situations that threaten health and safety (e.g., stress, harassment, situations that could lead to trouble or violence); (<u>e.g. sexual abuse, bullying as a bystander, perpetrator, or victim</u> AND INTERNET AND TECH SAFETY). (MEH-a) (VIP-c)
HE2: Core Concepts Students will show an understanding of health promotion and disease prevention concepts.	<ol style="list-style-type: none"> 1. Describe the characteristics of safe, healthy, and respectful relationships. (FSSH-a) 2. Describe the characteristics of a safe, healthy and respectful school and community: <u>including pro-social behaviors (e.g., helping others, being respectful of others, cooperation, consideration that helps prevent violence)</u> [NOTE: BYSTANDER ACTIONS SUPPORTED](MEH-a) (VIP-a) 3. Explain the role of bystanders in escalating, preventing or stopping bullying, fighting, and violence. (VIP-f) 4. Describe body changes that occur during puberty. (FSSH-b) 5. Describe safety issues related to using the internet, including cyber-bullying. (VIP-d) 6. Describe bullying, hazing and harassing behaviors. (VIP-e)
HE3: Analyzing Influences Students will show understanding of how culture, media, peers, family and other factors influence health.	<ol style="list-style-type: none"> 1. Analyze how information from peers, families, and media influences health (e.g., body image, sexual identity, personal health practices) (FSSH-a) 2. Differentiate between positive and negative internal (e.g., curiosity, fears) and external (e.g., peers, media, cultural) influences that affect violence. (VIP-a) 3. Analyze how information from peers influence the escalation or de-escalation of violence. (VIP-b)

<p>HE4: Accessing Information Students will demonstrate the ability to access valid information and/or resources about health issues, services and products.</p>	<ol style="list-style-type: none"> 1. Analyze the importance of accessing help from an adult when it is needed. (MEH-a) 2. Identify sources of support in the school and community who can help make decisions and solve problems for oneself or one's friends, including situations when someone is in danger or hurting self or others. (MEH-b) 3. Identify resources that provide valid health information and services for individuals, families, and communities. (FSSH-a)
<p>HE5: Interpersonal Communication Students will demonstrate use of skillful communication to contribute to better health for themselves, their families, and the community.</p>	<ol style="list-style-type: none"> 1. Demonstrate effective ways to express needs, wants, and feelings to build, promote and support positive health and relationships, including setting and respecting limits and boundaries and seeking help and support. (FSSH-a) (MEH-a) 2. Identify barriers to effective communication of information, ideas, feelings and opinions about health issues. (FSSH-b) 3. Demonstrate the ability to ask a trusted adult for help when feeling personally threatened, unsafe, or to report suspected place for school violence. (VIP-a) 4. Demonstrate non-violent strategies to resolve conflicts. (VIP-c) 5. Demonstrate effective refusal and negotiation skills in dealing with situations involving bullying, harassment, hazing, or other forms of violence. (VIP-b)
<p>HE6: Goal Setting Students will demonstrate the ability to set personal goals to enhance health.</p>	
<p>HE7: Decision Making Students will demonstrate the ability to make decisions that lead to better health.</p>	<ol style="list-style-type: none"> 1. Analyze how individuals, families and community values influence health-related decisions. (FSSH-a)

Teaching Highlights: Grades 5-6

1. Introduce non-violent and non-verbal communication skills.
2. Explore the meaning of healthy relationships.
3. Strengthen understanding of the bystander role and create opportunities to practice.
4. Help children practice how to ask for help for themselves or others.
5. Reinforce critical thinking skills including the concept of social access to “power” based on gender, age, social status, developmental ability, size, etc. and how that impacts relationships.

Things to consider:

1. Avoid placing responsibility on children to protect themselves or to have the correct “instincts” or “gut feelings” about sexual abuse. Experience of childhood trauma (including sexual abuse, witnessing domestic violence, etc.) can significantly affect brain development and the emotional responses of children. Emotional responses of traumatized children may be marked by dissociation/numbing or hyper-arousal. *(Bruce Perry, M.D, Ph.D. “Neurodevelopmental Impact of Maltreatment: Support Materials” with the Child Trauma Academy found at www.childtrauma.org 2005)*
2. For some children a trustworthy adult may not be their parent or a family member.
3. Use non-blaming language to keep the door open for youth to ask for help or disclose regardless of whether they are a victim, witness/ bystander or perpetrator.

Grade Cluster: 7-8	
Stem	This is evident when students...
HE1: Self Management Students will understand how to reduce their health risks through the practice of healthy behaviors.	<ol style="list-style-type: none"> 1. Develop strategies that promote positive health for adolescents (e.g. coping with concerns and stress related to the changes in adolescence; dealing with sexual pressures, relationships) (FSSH-a) 2. Develop an injury prevention and response strategies for personal safety.(VIP-a) 3. Demonstrate strategies to avoid or prevent fighting, bullying and other forms of violence (VIP-c) 4. Differentiate between situations that require care and concern among friends or require getting the support and help of caring adults (e.g. getting help vs. tattling).(MEH-b)
HE2: Core Concepts Students will show an understanding of health promotion and disease prevention concepts.	<ol style="list-style-type: none"> 1. Identify the benefits of healthy behaviors and the relationship to the prevention of injury and premature death. (VIP-a) 2. Differentiate between hazing, harassment, bullying and respectful interactions and relationships.(VIP-c) 3. Describe the consequences of bullying, cyber-bullying, hazing, harassment and violence (e.g. legal, social, emotional. (VIP-d) 4. Describe the characteristics of healthy and harmful relationships. (VIP-e) 5. Explain the process of human reproduction, including conception, prenatal development and birth.(FSSH-c) 6. Identify symptoms, risk factors, cause, transmission, treatment and prevention of sexually transmitted infections, including HIV/ AIDS.(FSSH-f) 7. Describe the benefits of using non-violence to solve interpersonal conflict.(VIP-f) 8. Identify strategies that promote emotional and mental health (e.g. connectiveness, communication). (MEH-a) 9. Describe changes that occur during adolescence and their effects on emotions, behaviors, and relationships.(FSSH-a) 10. Identify the social, emotional, and physical benefits of healthy behaviors (e.g. setting personal limits/boundaries, abstaining from sex). (FSSH-d)

	11. Identify effective methods to prevent HIV, sexually transmitted infections and pregnancy. (FSSH-g)
HE3: Analyzing Influences Students will show understanding of how culture, media, peers, family and other factors influence health.	1. Analyze influences on sexual behavior (e.g. family, peers, religion, media, culture, internal factors).(FSSH-b) 2. Describe how school, family and peers influence the choices and behaviors of individuals related to safety and violence. (VIP-b) 3. Analyze how messages from the media influence safety and violence-related behavior. (VIP-a) 4. Analyze the effect of technology on personal and family relationships.(FSSH-c)
HE4: Accessing Information Students will demonstrate the ability to access valid information and/or resources about health issues, services and products.	1. Analyze school and community health services available for support and information for a variety of health issues.(FSSH-a) 2. Analyze appropriate school, community and internet resources to access when dealing with problems or situations related to violence and safety.(VIP-a) 3. Demonstrate how to ask trusted adults and friends for help with emotional or mental health concerns for oneself or others, including the risk of suicide.(MEH-b)
HE5: Interpersonal Communication/Advocacy Students will demonstrate use of skillful communication to contribute to better health for themselves, their families, and the community.	1. Demonstrate resistance/refusal and negotiation skills to enhance health and interpersonal relationships((FSSH-a) 2. Identify barriers to effective communication of information, ideas, feelings and opinions about health issues (FSSH-b) 3. Demonstrate ways to influence and support others in making positive health choices. (FSSH-c) 4. Demonstrate ways to respond appropriately to feelings expressed by others.(MEH-a) 5. Demonstrate ways to show respect for diversity (e.g. mental and physical disabilities, culture, race/ethnicity, sexual orientation, age, socio-economics) (MEH-b) 6. Demonstrate the ability to use mediation and negotiation skills to resolve conflict. (VIP-a) (MEH-c) 7. Demonstrate effective communication skills (e.g. assertiveness, refusal, negotiations) to avoid potentially violent or unsafe situations. (VIP-b)

	<ol style="list-style-type: none"> 8. Demonstrate how to report situations that could lead to injury or violence.(VIP-c) 9. Demonstrate the ability to advocate for a positive, respectful and violence-free school environment.(VIP-d) 10. Demonstrate ways to respond appropriately to feelings expressed by others.(MEH-a)
HE6: Goal Setting Students will demonstrate the ability to set personal goals to enhance health	<ol style="list-style-type: none"> 1. Set a goal to improve sexual health (e.g. sexual abstinence, setting personal boundaries and limits). (FSSH-a)
HE7: Decision Making Students will demonstrate the ability to make decisions that lead to better health.	<ol style="list-style-type: none"> 1. Apply individual and collaborative decision-making processes to resolve safety and violence-related situations, including responding to witnessing harassment, bullying or other interpersonal violence. (VIP-a) 2. Describe how their decisions impact the health of themselves and others.(FSSH-a)

Teaching Highlights: 7-8

1. Continue to support and create opportunities to practice communication skills around personal boundary setting.
2. Teach dynamics of healthy vs. unhealthy relationships.
3. Teach students skills for reaching out for help including providing information on community resources.
4. Support student analysis of social, cultural and peer influences on body image, gender norms, sexuality and sexual behaviors.
5. Discuss concepts of sexual consent.

Things to consider:

1. Do not focus solely on safety techniques for young women (example: don't walk at night alone, don't put yourself in risky situations) as this can lead to victim blaming, focus should be on perpetrator prevention and bystander intervention.
2. Do not forget to use proper names for body parts.
3. Children need to hear consistent messages from different people in their life, support student learning by outreaching to other adults in their lives and providing them with language to talk about healthy sexuality.
4. Resources for youth with sexual behavior problems are available throughout Vermont. Call the Department for Children and Families to report suspected abuse if a student discloses that they have sexually abused a specific child. It benefits the child with sexual behavior problems and his/her family to work with DCF. Be sure that your school's counselors and a specially trained local mental health clinician know that you may receive such disclosures so that they can be prepared to assist. Youth with sexual behavior problems who receive treatment and support are less likely to become adult sex offenders.

Grade Cluster: 9-12	
Stem	This is evident when students...
HE1: Self Management Students will understand how to reduce their health risks through the practice of healthy behaviors.	<ol style="list-style-type: none"> 1. Demonstrate strategies for dealing with situations that involve personal risk, danger or emergencies.(e.g. relationship violence, sexual pressures).(FSSH-a) 2. Design, implement and evaluate a plan of healthy stress management.(MEH-a) 3. Recognize and avoiding situations and persons that can increase risk of assault acquaintance or date rape.(VIP-c) 4. Demonstrate strategies to promote acceptance and respect for all individuals, (e.g. mental and physical illness, disabilities, culture, race/ethnicity, sexual orientation) (FSSH-b)
HE2: Core Concepts Students will show an understanding of health promotion and disease prevention concepts.	<ol style="list-style-type: none"> 1. Describe the benefits of abstaining/ postponing sexual activity and setting sexual limits. (FSSH-b) 2. Differentiate between respectful and disrespectful relationships.(FSSH-c) 3. Analyze situations that could lead to different types of violence (e.g. bullying, verbal abuse, hazing, fighting, dating violence, acquaintance rape, sexual assault, family violence).(VIP-b) 4. Describe signs, symptoms of depression, suicide and mental health issues (e.g. obsessive-compulsive disorder, autism) (MEH-b) 5. Discuss the effects of stereotyping and ways to counteract negative effects.(FSSH-d)
HE3: Analyzing Influences Students will show understanding of how culture, media, peers, family and other factors influence health.	<ol style="list-style-type: none"> 1. Analyze internal and external factors that influence a positive self-image.(MEH-a) 2. Analyze the impacts of internal (e.g. experiences perceptions, self-respect) and external (e.g. edia, peer, community factors on family, social and sexual health and behaviors).(FSSH-a)
HE4: Accessing Information Students will demonstrate the ability to access valid information and/or resources about health issues, services and products.	<ol style="list-style-type: none"> 1. Demonstrate the ability to access reliable school and community resources to assist with problems related to injury and violence prevention.(VIP-a)

<p>HE5: Interpersonal Communication/Advocacy Students will demonstrate use of skillful communication to contribute to better health for themselves, their families, and the community.</p>	<ol style="list-style-type: none"> 1. Demonstrate effective verbal and nonverbal communication skills to enhance health and build and maintain healthy relationship, (e.g. positive peer support, assertive, “I” messages). (FSSH-b) 2. Demonstrate the ability to advocate for health promoting opportunities for self and others. (FSSH-c) 3. Demonstrate the ability to advocate for a safe, respectful school and social environment, including how to influence others to report situations involving safety or violence.(VIP-d) 4. Demonstrate strategies for dealing with hazing, harassment and to avoid or escape a potentially violence dating situation.(VIP-d)
<p>HE6: Goal Setting Students will demonstrate the ability to set personal goals to enhance health</p>	<ol style="list-style-type: none"> 1. Implement a goal setting plan related to avoiding situations that could lead to injuries or violence. (VIP-b) 2. Analyze a personal health assessment to determine strategies for reducing risk behaviors and enhancing health and safety. (VIP-a)
<p>HE7: Decision Making Students will demonstrate the ability to make decisions that lead to better health.</p>	<ol style="list-style-type: none"> 1. Apply a decision-making process that results in reducing risks of injury or violence.(VIP-a) 2. Analyze the immediate and long-term impact of decisions on the individual, family, and community.(MEH-b)

Teaching Highlights: 9-12

1. Discuss how to make decisions in risky situations.
2. Practice interpersonal communication skills that support healthy relationships.
3. Create opportunities to enhance and practice critical thinking skills.
4. Strengthen self advocacy and bystander skills through practical application.
5. Support the ability of students to set healthy sexuality goals.
6. Students know how and where to access reliable school and community sexual violence prevention and intervention resources.
7. Include clear and accurate information about the concept of consent and the consent law.

Things to consider:

1. Use supportive and non-blaming language to keep the door open for students to ask for help or disclose, regardless of whether they are a victim, witness/bystander or victimizer.
2. This work isn't for everyone. If you are not comfortable talking about sexuality, get help. Students will sense your discomfort and learning will be affected.
3. Resources for youth with sexual behavior problems are available throughout Vermont. Call the Department for Children and Families to report suspected abuse if a student discloses that they have sexually abused a specific child. It benefits the child with sexual behavior problems and his/her family to work with DCF. Be sure that your school's counselors and a specially trained local mental health clinician know that you may receive such disclosures so that they can be prepared to assist. Youth with sexual behavior problems who receive treatment and support are less likely to become adult sex offenders.

Identifying Resources

Engagement and dialogue with community partners will help inform schools' selection of appropriate resources.

The adjacent checklist is a quick reference tool to guide identification of curricula and resources for your sexual violence prevention work. The Health Education Curriculum Analysis Tool referenced earlier (HECAT) also has a section on identifying violence prevention resources.

An additional and key component is evaluation: how do we know that students are learning sexual violence prevention knowledge and skills?

The answer is through student assessment. Assessment should be an integral part of prevention activities and feed back into improvements for classroom lessons and activities.

Assessment should be continuous and on-going. It can be a question or a task that elicits a student response which should demonstrate health knowledge and skills. This type of assessment, referred to as **formative assessment**, gives educators information about whether or not students are learning which in turn should determine future instructional opportunities. Assessment done at the end of a unit is referred to as **summative assessment**.

Sample checklist for effective sexual violence prevention curricula and programs:

- ✓ Age and culturally appropriate.
- ✓ Follows the advice of *The Nine Principles* (see Chapter Three).
- ✓ Comprehensive coverage of healthy relationship and communication skills.
- ✓ Reflects Vermont State Health Education Standards or **National Health Education Standards**.
- ✓ Practical information with clear and basic messages.
- ✓ Instructional options for involving students, parents and other adults.
- ✓ Lesson plans include classroom and out of classroom options.
- ✓ Students have an opportunity to learn about healthy knowledge, attitudes and skills in interactive and active ways.
- ✓ Content conveyed through multiple lessons (saturation).
- ✓ Research, evidence-based or proven track record.
- ✓ Progressive information that builds on content provided in earlier years.

Vermont is a member of the Council of Chief State School Officers State Collaborative on Assessment of Student Standards Health Education Assessment Project (HEAP). A key goal of HEAP is to develop high-quality assessment items for classroom use which are based on knowledge (content) and skills.

Through HEAP, Vermont educators have access to over 1,900 assessment items either through a web-based assessment system or on a CD. For more information about and assistance with HEAP call the Department of Education at 802-828-1636.



The Vermont Department of Education and Department for Children and Families, in collaboration with the members of the Sexual Violence Prevention Task Force and allied organizations statewide are resources as schools move forward in sexual violence prevention education planning and implementation, and use of the *Technical Assistance Resource Guide*. For technical assistance referrals, contact the Department of Education: phone **802-828-1636 or online at <http://education.vermont.gov/>**

Chapter 4:

Making A Sexual Violence Prevention Plan

The purpose of this chapter is to provide information about how to engage community stakeholders in establishing priorities for school sexual violence prevention, addressing:

- Identify your planning team
- Key adult stakeholders
- Assessment of community risk factors, needs, assets and resources
- Capacity-building and prevention goals
- Target population(s) and implementation tools
- How to create a logic model and timeline

Quick References Materials:

- ✓ List of stakeholders and community partners
- ✓ Readiness questions
- ✓ Youth-related data resources list
- ✓ Victim safety and perpetrator risk guide
- ✓ Prevention Goals grid sample

The most effective approaches to sexual violence prevention strategies engage and involve a full spectrum of stakeholders from the community. An inclusive planning process will create a sense of ownership and satisfaction from the community which will lead to long term sustainability and support for school efforts.

Whether beginning with a single meeting, a series of meetings or focus groups, simply identifying and engaging stakeholders in dialogue, listening and sharing ideas and concerns about sexual violence and prevention are important first steps.

Communities can be more or less ready to begin a prevention initiative....The beginning might be developing relationships and discovering allies; or ensuring that no existing policy stands in the way of your efforts. With a more prevention ready community, the beginning might be gathering the community and beginning the planning process. Whatever the starting point, remembering that community development is a process, will help all members recognize growth and change and to honor that change as a worthy accomplishment toward prevention readiness.

Community Development and Sexual Violence Prevention: Creating Partnerships for Social Change. Gayle M. Stringer, M.A. Washington Coalition of Sexual Assault Programs. (1999) p.27.

A core group of sexual violence prevention stakeholders from the school may include:

- classroom teachers from different grade levels
- para-educators
- student assistance professionals
- health educator(s)
- school resource offices
- school nurse
- school counselor
- special education director
- curriculum coordinator
- athletics director or coaches
- youth (youth leaders from school or community groups)
- principal or other administrators
- PTO or PTA or other parent representative
- liaison/representative to the school board
- other school personnel

It may be useful to tap into existing task forces, committees and other institutional structures like a coordinated school health team, curriculum committee or other school or district-wide collaborative work group.

Connect to and invite individuals and agencies from the community who can be allies and resources for the work including:

- Local youth-serving partnerships
- Local sexual and domestic

violence agencies and child advocacy centers

- Community Partnerships, child protection teams and related prevention initiatives like Vermont Department of Health funded Substance Abuse Coalitions
- Higher education institutions with relevant campus-community programs

Many of these groups have planning tools, model resources and aligned goals about prevention education or public health and wellness, and will recognize how mutual collaboration can facilitate your common goals of empowering youth and adults to build healthy and safe communities.

Framing the issue and asking some questions as a way to launch the planning process will help create community buy-in from the start. Facilitating broad interest, collectively defining relevancy of the issues, and ownership of the planning process by a diverse group will strengthen stakeholder willingness to share in the work throughout the ongoing planning and implementation process.

Cultural Competence

It is essential that core activities [of prevention]...be conducted within the context of the unique aspects of various populations and communities. Guidance from the population is key in the design, implementation and evaluation of a prevention program....simply translating the materials for a given intervention into a different language does not constitute culturally appropriate or relevant strategy as it does not address the different ways communities talk and think about sexual violence.

Sexual Violence Prevention: Beginning the Dialogue.
Centers for Disease Control and Prevention, 2004, p. 3.

What follows are a series of suggested steps and tools for conducting a school-community prevention planning process. Reference is made to a variety of resources, models, and templates for planning, some simple and others more complex, any of which can be adapted to your local community with relative ease.

Most of the sources indicated are readily available and are free or low cost. Technical assistance for planning efforts is available by contacting the Department of Education or the Department for Children and Families, or checking the appendices for other state and national resources.

1. Assess community needs and establish capacity-building and prevention goals

Implementing a needs assessment that includes an inventory of existing community resources and identifies specific local risk factors or barriers and challenges will provide a good foundation for prevention planning. The basic “Thinking about readiness” questions highlighted in the box on the next page are examples of the simplest kind of tool for this purpose.

This information gathering step will provide a blueprint for the work that follows and allow stakeholders to clearly ground all aspects of the planning and ongoing decision-making with locally specific knowledge.

The Vermont Department for Children and Families, Agency of Human Services, and Department of Health can provide community level data and have website accessible databases. *See the list of web based resources on the following page.*

The Department of Health provides a web link to the biennial Youth Risk Behavior Survey. Another source of data is the Girl Scouts of the Green and White Mountains who conduct an annual “What Girls Say?” survey in partnership with the Vermont

Sexual Violence Prevention

Thinking about Readiness¹— a set of basic questions to get started:

- How do you identify your community?
- What do you, as a community, mean by prevention?
- What policies are in place that will support your prevention efforts in this community?
- Describe existing prevention planning efforts in this community.
- Describe existing levels of collaboration:
 - ◆ With whom do you regularly share information?
 - ◆ With whom do you work to enhance or expand existing prevention efforts?
 - ◆ With whom do you create new resources and ways of doing prevention work?
- What evaluation research have you gathered on existing prevention efforts, if any, to inform your planning process?
- Describe the ways in which the [local], county, state or national funders support your local efforts.
- List known resources for sexual assault prevention technical assistance.
- What funding exists to support the beginning of your prevention initiative?
- List leaders in the community who will advocate for community prevention.

Commission on Women. Crime statistics efforts, a topic discussed in more detail are available from the Vermont Criminal later in this chapter. Information Services website as well.

Looking at local data and resources will lead to a clearer identification of gaps or barriers that school communities may want to address in planning. The information will also help identify a target population(s) for prevention

Once a profile of community needs and assets has been created, objectives for a sexual violence prevention plan can be developed. This might be as simple as utilizing a logic model or by following a more detailed planning model,

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Developed by the Vermont Sexual Violence Prevention Task Force with the Vermont Department of Education and the Vermont Department for Children and Families.

examples of which are referenced in **Appendix A.**

Whatever method is used, the time taken to establish purpose, rationale, clear goals, objectives and activities for sexual violence prevention programming will strengthen your ability to engage additional community allies and the intended audience.

As the planning process moves forward, identify short term and long term goals, including both prevention and capacity-building goals such as training or technical assistance needs for staff. Decide what is doable and practical as a starting point with available resources and set some benchmarks along the way to longer-term goals.

To find youth related data for your community and other communities in Vermont here are some helpful links:

Vermont Agency of Human Services

<http://humanservices.vermont.gov/publications>

Vermont Department of Education

<http://education.vermont.gov/new/html/maindata.html>

Vermont Department of Health

<http://healthvermont.gov/research/yrbs.aspx>

Vermont Department for Children and Families

<http://dcf.vermont.gov/fsd/statstics>

Vermont Criminal Information Center

<http://www.dps.state.vt.us/cjs/crimestats.htm>

Goals Examples:

Short-term goals	Long-term goals
<p>Prevention goal: To provide developmentally and culturally appropriate sexual violence prevention instruction to grades K-3.</p> <p>Capacity-building goal: To increase the sexual violence prevention knowledge, attitudes and skills of classroom teachers K-3.</p>	<p>Prevention goal: To provide developmentally and culturally appropriate sexual violence prevention classroom instruction across all elementary grades.</p> <p>Capacity-building goal: To increase the sexual violence prevention knowledge for all school personnel.</p>
<p>Prevention goal: To host a healthy teen relationships month with classroom and community activities for youth and their parents.</p> <p>Capacity-building goal: To identify local resources to assist in planning and presenting month's activities.</p>	<p>Prevention goal: To create a middle school sexual violence prevention plan for the district.</p> <p>Capacity-building goal: To build a district-wide prevention planning team.</p>
<p>Prevention goal: To select relevant resources for the school community and address identified risks and attitudes that contribute to sexual violence.</p> <p>Capacity-building goal: To collect and review data about the prevalence of and attitudes towards violence in the community.</p>	<p>Prevention goal: To select and implement sustainable prevention programming that is culturally relevant for different identities in the school community.</p> <p>Capacity-building goal: To incorporate regular evaluation and analysis of prevention programming that informs ongoing improvements.</p>

2. Prioritizing target population(s) and identifying implementation tools

When beginning to set goals, decisions will be shaped by the information gathered. Looking at risk factors, assets, resources and other information from community data will help inform prevention goals and appropriate activities that directly address identified risk factors and build protective factors in individuals and the community.

3. Create a logic model and timeline

One basic planning tool to consider using is a logic model. *A blank template based on the Centers for Disease Control (CDC) Rape Prevention Education guidance documents is provided in **Appendix E**.*

A logic model lays out a sequence of the components or necessary “ingredients” in planning and implementation. It represents an easy to follow flow chart ending with the short-term and long-term desired results of your prevention efforts. The completed logic model continues to provide a useful big picture of prevention planning.

Goals, objectives and target audiences may evolve and change, or new ones emerge, but the logic model affords a guidance document that keeps the overall purpose visible in an active, quick reference format. On pages 58 and 59 is an example of a logic model, using the CDC template, created by the Sexual Violence Prevention Task Force, to map its work in support of creating the TARG.

Creating a timeline for planning and implementation process is also useful. The degree to which sexual violence prevention activities work in sync with

parallel prevention efforts, or other school and community health and safety initiatives, the easier it will be to maximize existing resources and engage existing captive audiences.

4. Design an evaluation plan

Evaluation of sexual violence prevention activities is a key element for on-going success and sustainability. Effective evaluation should begin at the onset of the planning process. Evaluate both the planning process and prevention activity implementation. The planning models referenced in **Appendix A** include information on evaluation planning.

There are likely evaluation tools already in use in your school or district that are adaptable to sexual violence prevention activities. Community prevention partners or education departments at local colleges or universities may also have evaluation resources to offer.

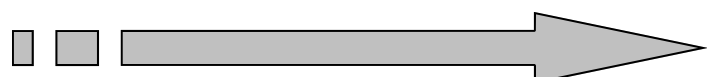
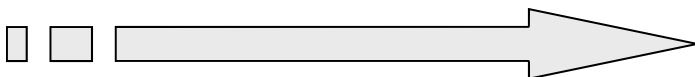
***Chapter Five** will provide an introduction to one standard evaluation tool, the SMART model², developed by the CDC.*

Sample Logic Model for Brown Elementary School Prevention

Assumptions:

The Goal of the Brown Elementary school is to improve the sexual violence prevention

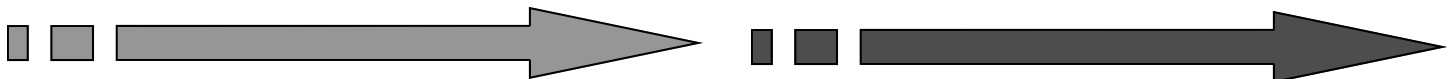
INPUTS	OUTPUTS			
	ACTIVITIES	OUTPUTS	PARTICIPANTS	
Stakeholders (e.g., parents, school staff, administrators, community allies) Personal Time Resources	Determine specific objectives for grades K-3	Implement initial K-3 curriculum and activities	Children in grades K-3	
	Consult with allied community prevention agencies	Conduct school wide sexual violence prevention information fair with parents and children	Parents	
	Identify and acquire applicable sexual violence prevention curriculum and classroom activities	Provide school personnel in-service training on identified SVP curriculum	Administrators	
	Determine appropriate parent/student sexual violence prevention (SVP) events or activities		Teachers	
			School Staff	
			Local and state-wide sexual violence service and prevention organizations and allied agencies	



on Plan

ion capacity of our health education programs for grades K-3.

OUTCOMES			
	1-3 years	3-5 years	5-10 years
	<p>All students in grades K-1 will know correct names of all body parts</p> <p>Hold a minimum of one sexual violence prevention activity annually for parents and their children</p> <p>All school personnel receive at least one sexual violence prevention training annually</p>	<p>All students in grades K-3 will know correct names of body parts</p> <p>All parents of students in grades K-3 will be actively involved in sexual violence prevention activities</p> <p>All school personnel will be actively involved in sexual violence prevention activities.</p>	<p>Interconnected prevention activities will be implemented in every K-3 class curriculum across the school</p> <p>All parents of students in grades K-3 will help design, lead and facilitate school and community sexual violence prevention activities</p> <p>All school personnel will help design, lead and facilitate school and community prevention activities</p>



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Developed by the Vermont Sexual Violence Prevention Task Force with the Vermont Department of Education and the Vermont Department for Children and Families.

Chapter 5:

Evaluating Prevention Activities

The purpose of this chapter is to provide guidelines to evaluate violence prevention activities, addressing:

- How to define success for prevention activities
- The SMART evaluation model
- Tools for measuring success and how to use them
- How to analyze and report evaluation results

Quick Reference Materials:

- ✓ Definition of program evaluation
- ✓ SMART objectives template
- ✓ Outcome Measurement Framework sample

From the Centers for Disease Control and Prevention:

Much of the work involved in evaluation is done while the program is being developed. Once the prevention program is in operation, evaluation activities interact—and often merge—with program activities.

Program evaluation is the systematic collection, analysis, and reporting of information about a program to assist in decision-making.

When conducting program evaluation, answer the following questions:

- What has been done?
- How well has it been done?
- Whom has it been done with and for?
- How much has been done?
- How effective have the activities been?¹
- What could be done better or differently?

Creating an evaluation process for the planned activities is a key component of knowing whether activities are accomplishing the goals. There are many different ways to do evaluation ranging from simple and straight forward to more multi-pronged studies. Choose evaluation tools based on school capacity and resources.

This chapter will introduce a few, basic evaluation concepts. Additional and more detailed evaluation resources are listed in the appendices of this document.

Choose SMART Measures To Evaluate Prevention Objectives

One useful resource for writing prevention objectives in a way that will also establish clear evaluation points is the **SMART Objectives Model**¹, developed by the Centers for Disease Control. What follows is a basic description of the model; see **Appendix A** for a complete citation of where to obtain a free copy.

Specific—What exactly is going to be done and for whom?

The “specific” part of an objective outlines what will change for whom in

SMART stands for:

Specific

Measurable

Attainable/Achievable

Relevant

Time bound

concrete terms. It identifies the population or setting, and specific actions that will result. In some cases it is appropriate to indicate how the change will be implemented (e.g., through training).

Measurable—Is it quantifiable and measurable?

A baseline measurement is required to document change (e.g., to measure percentage increase or decrease). Measurable implies the ability to count or otherwise quantify an activity or its results. It also means that the source of and mechanism (tool) for collecting measurement data are identified, and that collection of these data is feasible for each program or partner.

Attainable/Achievable—Can it be done in the proposed time frame with the resources and support available?

The objective must be feasible with the available resources, appropriately limited in scope, and within the program's control and influence.

Relevant—Will this objective have an effect on the desired goal or strategy?

Relevant means activities are related to the objective and the overall goals of the program. Evidence of relevancy can come from a literature review, best practices, or a theory or model of change.

Time Bound—When will this objective be accomplished?

A specified and reasonable time frame should be incorporated into the objective statement. This should take into consideration the environment of the school and community in which the change must be achieved, the scope of the change expected, and how it fits into the overall program.

Identify Measurement Tools

When beginning to think about the actual evaluation mechanism/tool, one source of information to consider is existing data sets providing some baseline data about the selected audience. These are the same sources that may have been used to identify youth knowledge and behavior

patterns, needs or gaps at the beginning of the planning process (e.g. YRBS or annual school incidents data reported to DOE.)

Depending on the nature of the planned implementation activities and the intended audience, there are any number of options for collecting information, from simple observation or testing in the case of young children, to focus groups and online surveys with older students and adults.

Consultation with community prevention partners and district administrators might also be helpful, or calling the Department of Education technical assistance contact.

On the next page is a sample worksheet for your evaluation plan. *A blank template for this worksheet can be found in **Appendix E**.*



Below are some examples of SMART objectives:

By June 30, 2013 (**time bound**), all K-3 students in our district (**measurable & achievable**) will know correct names of body parts (**specific & relevant**).

By June 30, 2011 (**time bound**), increase the number of Sexual Violence Prevention classroom sessions given to middle school students in our district (**specific & relevant**) from 3 to 10 (**measurable & achievable**).

By December 31, 2012 (**time bound**), increase our high school students self-reported knowledge of developing and maintaining effective communication with trustworthy adults (**specific & relevant**) by 25% (Baseline: pre-test of SVP knowledge, attitudes and skills and existing YRBS data) (**measurable & achievable**).

By January 31, 2012 (**time bound**), 75% (**measurable & achievable**) of our school personnel will be trained in how to recognize and prevent sexual abuse and sexual violence (**specific & relevant**).

By June 30, 2011 (**time bound**), engage our K-6 parents in at minimum 2 or 3 (**measurable & achievable**) parent dialogues about adult roles and responsibilities in sexual violence prevention skills (**specific & relevant**).

Use The Tools Selected To Collect Information

Part of the evaluation plan should include: both clear instructions to teachers or other facilitators about the need for, purpose of and how to implement the evaluation tool(s), and, clear instructions for the participants.

Be sure to include information about confidentiality and anonymity,

in compliance with existing school policies and procedures, including any requirements about parental consent when necessary. Community-based prevention programs frequently have examples of this kind of communication.

The actual evaluation(s) should obviously occur at a logical time in relation to the prevention activities. They should also be well timed relative

to other kinds of assessments or standardized test implementations so as not to interfere with participants focus on the evaluation content. Completion of data collection within the school year on a regular cycle will also help to have consistency year to year for track and analyze results.

In order to comply with legal parameters such as HIPPA, other district confidentiality policies or human subject requirements of any community or academic partners, evaluators should arrange to keep the completed evaluations, data analysis information and any other records related to the evaluation in a secure location.

Analyze Results

Once the evaluation is complete and evaluators are ready to analyze and report the results, be clear about:

- any reporting requirements (to the district administration or a funder), and
- who else would benefit from knowing about the information (students, parents, community partners and other stakeholders).

Consider how to share the results with school personnel and district officials, as well as the wider school community.

Include stakeholders in the analysis and reporting stage.

The analysis not only helps inform and advance ongoing prevention objectives and activities, but is part of defining the problem and raising awareness which will nurture support for schools' efforts in the community as a whole.

Share a report of the prevention planning process including information on:

- goals;
- activities;
- achievements;
- what was learned; and
- how ongoing evaluation will inform the growth and effectiveness of programs.

Consider creative ways to promote the report, through a school assembly or health and safety fair, a special town meeting or public access cable or radio show, testimony to the local select board, or posting information on a social networking site like Facebook.

Sexual violence prevention efforts are as important as academic, athletic, vocational and creative success. As the April 2008 Sexual Violence Prevention Task Force schools survey report to the Vermont Legislature stated, *"Opportunities abound for citizens and trained professionals (and students!) to make a difference on this issue."*

OUTCOME MEASUREMENT FRAMEWORK (See Appendix E for blank template)

Successes/ Outcomes	Measures/Indicators (SMART Objectives)	Measurement Tool(s)	Who?/How?
Increase personal body knowledge and awareness of children ages K-3.	By June 30, 2013 all K-3 students in our district will know correct names of body parts.	Classroom teacher observation survey	Health Educator and classroom teachers once monthly after classroom sessions
Improve middle school age students' bystander and refusal skills.	By June 30, 2011 increase the number of Sexual Violence Prevention classroom sessions given to middle school students in our district from 3 to 10	Pre-test and post-test of bystander and refusal knowledge using scenarios instrument	Guidance staff and classroom teachers three months and six months after classroom sessions
Build and practice healthy and trustworthy communication between high school students and adults.	By December 31, 2012 increase our high school students self-reported knowledge of developing and maintaining effective communication with trusted adults by 25% (Baseline: pre-test of SVP knowledge, attitudes and skills and existing YRBS data).	Anonymous pre-test and post-test of SVP knowledge, attitudes and skills and next cycle of school's YRBS data.	Health Educator and Board of Education SVP Consultant in the first two months of the school year and three months prior to end of school year.
Maximize the number of school personnel that are educated about sexual violence prevention	By January 31, 2012 75% of our school personnel will be trained in how to recognize and prevent sexual abuse and sexual violence.	Annual knowledge, attitude and skills post-training online survey	Principal and district/supervisory union administrators mid-way through school year
Increase the number of parents involved in school prevention activities.	By June 30, 2011 engage our K-6 parents in 2 or 3 parent dialogues about sexual violence prevention.	Post dialogue focus groups	Guidance staff, school social worker and PTO four weeks after dialogues

Endnotes

Chapter 1:

1. Minnesota Advocates for Human Rights. Stop Violence Against Women. 2002; [http://www.stopvaw.org/Sexual Assault as a Form of Sexual Violence.html](http://www.stopvaw.org/Sexual_Assault_as_a_Form_of_Sexual_Violence.html)
2. A Snapshot of Sexual Violence Prevention Education in Vermont: Programs offered by K-12 schools and community-based agencies. The Sexual Violence Prevention Task Force, <http://www.uvm.edu/~socwork/antiviolence/?Page=projects.html>, 2008.
3. The Vermont Approach: A Strategic Plan for Comprehensive Sexual Violence Prevention 2006-2010, Susan E. Roche, The Anti-Violence Partnership at the University of Vermont, <http://www.uvm.edu/~socwork/antiviolence/?Page=projects.html>, 2006.
4. Sex Education in America: A series of national surveys of students, parents, teachers, and principals. Kaiser Family Foundation. 2000. pg. 4-5.

Chapter 2:

1. Before It Occurs: Primary Prevention of Intimate Partner Violence and Abuse. Cohen L, Davis R and Graffunder C. In The Physician's Guide to Intimate Partner Violence and Abuse, pg. 89. 2006
2. Sexual Violence Prevention: Beginning the Dialogue. Centers for Disease Control and Prevention, pg. 3. 2004.
3. "Effectiveness of Universal School-Based Programs to Prevent Violent and Aggressive Behavior: A Systematic Review", American Journal of Preventive Medicine, 2007;33(2S)
4. Best Practices of Youth Violence Prevention: A Sourcebook for Community Action. Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2002
5. Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement -----CE07-701 (Rape Prevention and Education). Centers for Disease Control and Prevention National Center for Injury Prevention and Control Division of Violence Prevention.. (2009) p. 4.
6. Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement -----CE07-701(Rape Prevention and Education). Centers for Disease Control and Prevention National Center for Injury Prevention and Control Division of Violence Prevention.. (2009) p.7.
7. Op. cit. p.8.
8. Juvenile Sexual Offending: Goal-Oriented Prevention & Intervention", Developed by Gail Ryan, M.A. et al at the Kempe Perpetration Prevention Program, Kempe Center for Prevention & Treatment of Child Abuse & Neglect, Dept. of Pediatrics, University of Colorado School of Medicine, Denver, CO. (2002)

9. What Works in Prevention: Principles of Effective Prevention Programs. Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). *American Psychologist*, 58, 449-456.
10. Teachers' Responsibilities When Adolescent Abuse and Neglect Are Suspected. Smith, Tracy W. and Lambie, Glenn W. *Middle School Journal*, January 2005, p.34.
11. Protecting our Students: A Review to Identify and Prevent Sexual Misconduct in Ontario Schools Report. Robins, The Honourable Sydney L. 2000.
12. Child Molesters: A Behavioral Analysis (4th ed.) Lanning, Kenneth. National Center for Missing & Exploited Children, 2001.

Chapter 3:

1. National Health Education Standards: Achieving Excellence. Joint Commission on National Health Education Standards., 2nd edition. 2007.. pg. 6
2. Op.cit. pg.6
3. Op.cit. pg.6

Chapter 4:

1. Community Development and Sexual Violence Prevention: Creating Partnerships for Social Change. Gayle M. Stringer, M.A. Washington Coalition of Sexual Assault Programs. (1999) p.29-32
2. Evaluation Guide: Writing SMART Objectives. U.S. Department of Health and Human Services Centers for Disease Control and Prevention. http://www.cdc.gov/dhdsp/state_program/evaluation_guides/smart_objectives.htm

Chapter 5:

1. An Evaluation Framework for Community Health Programs. The Center for the Advancement of Community Based Public Health, (2000), p.10. <http://www.cdc.gov/eval/evalcbph.pdf>
2. Evaluation Guide: Writing SMART Objectives. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

TECHNICAL ASSISTANCE RESOURCE GUIDE APPENDICES

Appendix A: Chapter Specific Resources.....68

Chapter 3 Sexual Violence Prevention Resources

Section I. Prevention Resources By Age Level

- A. Early education prevention resources
- B. Elementary prevention resources
- C. Middle school and high school prevention resources

Section II. Other resources for sexual violence prevention planning

- A. Student Assessment
- B. Resources for Program Development and Evaluation
- C. General Sexual Violence Prevention
- D. Working with the Disability Community
- E. Multicultural and Multilingual
- F. Perpetrator Prevention
- G. Working with Men and Boys
- H. Working with Adults

Chapter 4 Appendix: Planning Resources

Chapter 5 Appendix: Evaluation Resources

Appendix B: State and National Organizations.....78

Appendix C: Selected Bibliography81

Appendix D: Relevant State and Federal Statutes.....84

Appendix E: Sample Forms and Quick Reference.....95

Appendix F: Sexual Victimization– Life Outcomes and Statistics.....111

Appendix A: Chapter Specific Resources

Chapter 3: Sexual Violence Prevention Resources

NOTE:

Neither the Sexual Violence Prevention Task Force as a body, nor the TARG as the mandated product of the SVPTF's work, represent endorsement of specific sexual violence prevention curricula, models or programs. Likewise the content of the TARG does not necessarily reflect the opinions or positions of the Vermont Department of Education or the Department for Children and Families.

Each school community should follow the planning steps laid out in this document to select prevention activities and resources that fit school needs.



Section I. Prevention Resources By Age Level

A. Early Childhood Resources

ACT for Kids

210 West Sprague Avenue, Suite 100
Spokane, WA 99201
(509) 343-5020
resources@actforkids.org
www.actforkids.org
Price: ranges about \$5.00

A Very Touching Book: for Little People and for Big People

The Hindman Foundation
P.O. Box 536
La Grande, OR 97850
(541) 992- 5071
www.janhindman.com/order.shtml
Price: \$11.95

Care for Kids

Prevent Child Abuse Vermont

P.O. Box 829
Montpelier, VT 05601
(802) 229-5724 or 1-800-CHILDREN
pcavt@pcavt.org
www.pcavt.org
Price: \$198.00

B. Elementary Resources

TECHNICOOL: A Technology Safety Program Prevent Child Abuse Vermont

P.O. Box 829
Montpelier, VT 05601
(802) 229-5724 or 1-800-CHILDREN
pcavt@pcavt.org
www.pcavt.org

Price: Free for Vermont schools for grades 4-8, parents and teachers

Think Fast & Stay Safe!™ School Program Child Lures Prevention

5166 Shelburne Road
Shelburne, VT 05482
info@childluresprevention.com
(800) 552-2197
www.childluresprevention.com
Price: varies

C. Middle and High School Resources

Break the Cycle [Ending Violence]- Dating Abuse Prevention Curriculum

5200 W. Century Blvd., Suite 300
Los Angeles, CA 90045
(888) 988-TEEN helpline
(310)286-3383
www.breakthecycle.org
www.endingviolence.net
Price: \$99.00

Child/ Teen Lures Prevention

5166 Shelburne Road
Shelburne, VT 05482
1-800-552-2197
www.childluresprevention.com
Www.teenluresprevention.com

Choose Respect

Centers for Disease Control
info@chooserespect.org
www.chooserespect.org

Community Development and Sexual Violence Prevention: Creating Partnerships for Social Change by Gayle M. Stringer, MA, 1999

Washington Coalition of Sexual Assault
Programs
2415 Pacific Avenue S.E.
Olympia, WA 98501
(360) 754-7583
www.wcsap.org

Expect Respect

A School-based Program Promoting Safe and Healthy Relationships for Youth 2002

SafePlace
P.O. Box 19454
Austin, TX 78760
(512) 267-SAFE
Info@SafePlace.org
www.safeplace.org
Price: \$160.00

Inside the Classroom (Grades 9-12) Illinois Coalition Against Sexual Assault

100 North 16th Street
Springfield, IL 62703
(217) 753-4117
www.icasa.org
[www.icasa.org/docs/
Inside_the_classroom_Order_Form.doc](http://www.icasa.org/docs/Inside_the_classroom_Order_Form.doc)
Price: \$150.00

Love is Not Abuse

Liz Claiborne Foundation
loveisnotabuse@liz.com
www.loveisnotabuse.com

**Responsible Education for Self-Protection,
Establishing Confidence and Trust (Grades 7-
12) R.E.S.P.E.C.T West Virginia Foundation
for Rape Information and Services/ FRIS**

112 Braddock Street
Fairmont, WV 26554
(304) 233-9500
fris@labs.net

www.fris.org
www.fris.org/Sections/08-Programs/8.06-RESPECT.html

Price: \$65.00

**Safe Dates: An Adolescent Dating Abuse
Prevention Curriculum (Grades 9-12) A model
SAMHSA Program**

Hazelden Publications

Center City, MN 55012-0176
(800) 828-9000

www.hazelden.org/OA_HTML/ibeCCtPltmDspRte.jsp?item=2770

Price: \$215.00

**Sexual Abuse Free Environment for Teens™
Program (SAFE-T)**

Prevent Child Abuse Vermont

PO Box 829
Montpelier, VT 05601
(800) 244-5373 or 1-800-CHILDREN

www.pcavt.org

Price: Varies (Free for Vermont schools and organizations)

**Sexual Assault Risk Reduction Curriculum
Sexual Assault Training and Investigations /
SATI**

P.O. Box 33
Addy, WA 99101
(509) 684-9800
joanne@mysati.com

www.mysati.com

Price: Free, viewable online

**Sexual Violence in Teenage Lives: A
Prevention Curriculum**

Planned Parenthood of Northern New
England

183 Talcott Road, Suite 101
Williston, VT 05495

(802) 878-7753

(800) 488-9638

education@ppnne.org

www.ppnne.org

Price: \$35.00

That's Not Cool

Family Violence Prevention Fund

www.endabuse.org/content/campaigns/detail/1206

www.thatsnotcool.com/

Teen Action Toolkit

**Building a Youth-led Response to Teen
Victimization, 2007.**

The National Center for Victims of Crime
2000 M Street NW, Suite 480

Washington, DC 20036

(202) 467-8700

www.ncvc.org

www.ncvc.org/tvp/AGP.Net/Components/DocumentViewer/Download.aspxnz?DocumentID=43492

**Teen Lures Prevention School Program
Child Lures Prevention**

5166 Shelburne Road

Shelburne, VT 05482

(800) 552-2197

www.childluresprevention.com

Price: varies

Unmasking Sexual Con Games**Boys Town Press**

14100 Crawford Street

Boys Town, NE 68010

(404) 498-1320

(800) 282-6657

btpress@boystown.org

www.boystownpress.org

Price: \$35.90

Section II.

Other Resources For Sexual Violence Prevention Planning

A. Student Assessment

Measuring Violence-Related Attitudes, Behaviors, and Influences among Youths: A Compendium of Assessment Tools (2005). 2nd Edition.

Dahlberg, C. B., Toal, S. B., Swahm, M., and Behrens, C. B. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

www.cdc.gov/Ncipc/pub-res/pdf/YV/CDC_YV_Intro.pdf

**The Vermont Department of Education
The Health Education Assessment Project-
HEAP**

Provides searchable database of HEAP Assessment items. The HEAP is sponsored by the Council of Chief State School Officers (CCSSO) <http://www.ccsso.org>. For more information contact Donna McAllister, Health Education Consultant, Vermont Department of Education, (802) 828-1636 or donna.mcallister@state.vt.us

The Health Education Curriculum Analysis Tool (HECAT)

Centers for Disease Control and Prevention. Atlanta, GA: CDC, 2007.
1600 Clifton Road
Atlanta, GA 30333
(800)CDC-INFO
cdcinfo@cdc.gov
www.cdc.gov/healthyyouth/hecat/index.htm

**National Health Education Standards:
Achieving Excellence**

**Joint Commission on National Health
Education Standards, 2nd Edition.**

American Cancer Society
(800) ACS-2345

www.cancer.org/nhes

Price: \$29.95

B. Resources for Program Development and Evaluation

Vermont Grade Expectations

Vermont Dept. of Education

http://education.vermont.gov/new/html/pgm_health_ed/gle.html

Breakthrough Media

4 West 37th Street, 4th Floor
New York, NY 10018 USA
(212) 868-6500

www.breakthrough.tv

CAMH Centre for Prevention Science

100-100 Collip Circle
London, ON, Canada N6G 4X8
(519) 585-514
Thefourthr@uwo.ca
www.youthrelationships.org

Family Violence Prevention Fund

Connect: Supporting Children Exposed to Domestic Violence

383 Rhode Island Street, Suite #304
San Francisco, CA. 94103-5133
(415) 252-8900
info@endabuse.org
www.endabuse.org

C. General Prevention Resources

Healthy Media Choices

P.O. Box 824

Brattleboro, VT 05302-0824

(802) 243-0028

www.healthymediachoice.org

The National Online Resource Center on Violence Against Women (VAWnet)

6400 Flank Drive, Suite 1300

Harrisburg, PA. 17112-2778

(800) 537-2238

www.VAWnet.org

The National Sexual Violence Resource Center (NSVRC)

A National Resource Directory & Handbook Preventing Child Sexual Abuse

123 North Enola Drive

Enola, PA 17025

(717) 909-0710

resources@nsvrc.org

www.nsvrc.org

www.nsvrc.org/publications/nsvrc-publications/national-resource-directory-handbook-preventing-child-sexual-abuse

Netsmartz: National Center for Missing & Exploited Children

Charles B. Wang International Children's Building

699 Prince Street

Alexandria, VA 22314

(800) THE-LOST

www.netsmartz.org

Peace Over Violence

605 West Olympic Boulevard, Suite 400

Los Angeles, CA 90015

(213) 955-9090

info@peaceoverviolence.org

www.peaveoverviolence.org

Prevention Institute

221 Oak St.

Oakland, CA 94607

(510) 444-7738

prevent@preventioninstitute.org

<http://preventioninstitute.org>

Prevention and Intervention of Sexual Violence in Schools: Talking About "It" Cordelia Anderson, 2001. In collaboration with a Minnesota Advisory Committee.

Sensibilities, Inc

4405 Garfield Avenue

South Minneapolis, MN 55409

(612) 824-6217

www.co.ramsey.mn.us/NR/rdonlyres/AD200AC3-F5D9-4AD8-B47B9B90CB84FAEE/811/Talkingaboutit.pdf

The Prevention of Sexual Violence: A Practitioner's SourceBook

Keith Kaufmann, Editor, 2010

New England Adolescent Research Institute (NEARI)

70 North Summer Street

Holyoke, MA 01040

(413) 540 0712

<http://bookstore.nearipress.org/index.php/books/featured-products/the-prevention-of-sexual-violence-a-practitioners-sourcebook.html>

The Safespace

Break the Cycle

5777 W. Century Blvd., Suite 1150

Los Angeles, CA 90045

www.thesafespace.org

The Safer Society Foundation, Inc.

P.O. Box 340

Brandon, VT 05733-0340

(802) 247-3132

www.safersociety.org

Sensibilities, Inc.**Cordelia Anderson**

4405 Garfield Avenue South
 Minneapolis, MN 55419
 (612) 824-6217
 Cordelia@visi.com
www.cordeliaanderson.com

Youth and Child Advocate and Educator Manual**The Vermont Network Against Domestic and Sexual Violence**

P.O. Box 405
 Montpelier, VT 05601
 (802) 223-1302
www.vtnetwork.org
www.preventconnect.org/attachments/2009/VTNetwork-activity-manual.pdf

D. Resources for Working with the Disability Community

Can Do! Project**Disability, Abuse and Personal Rights Project (DAPR)**

2100 Sawtelle Boulevard # 303
 Los Angeles, CA 90025
 (310) 473-6768
 nora@disability-abuse.com
www.disability-abuse.com

Green Mountain Self Advocates

73 Main Street, Suite 401
 Montpelier, VT 05602
 802-229-2600 or 1-800-564-9990
 gmsa@sover.net
 Relay Vermont 711 (TTY)
<http://www.ddas.vermont.gov/ddas-programs/programs-gmsa-default-page>

SafePlace/ Disability Services ASAP

P.O. Box 19454
 Austin, TX 78760
 (512) 267-7233
 info@asutin-safeplace.org
www.safeplace.org

My Body! My Choice!**Training Center/ Macon Resources, Inc.**

P.O. Box 2760
 2121 Hubbard
 Decatur, IL 62524
 (217) 875-1910
 spaceley@maconresources.org
www.maconresources.org
 Price: \$7.00

Sexuality and Sexual Assault Awareness for Empowerment (S.A.F.E.): A Preventative Educational Curriculum for Individuals with Physical Disabilities Pennsylvania Coalition Against Rape

125 North Enola Drive
 Enola, PA 17025
 (717) 728-9740
 stop@pcar.org
www.pcar.org
 Price: \$17.95

Songs for Keeping Kids Safe**PMT Consultants/ Child Abuse Prevention Services**

P.O. Box 12101
 Berkeley, CA 94712
 (510) 547-5557
 pmtconsult@aol.com
www.keepingourkidssafe.org

E. Multicultural and Multilingual Resources

ACT for Kids

210 West Sprague, Suite 100
Spokane, WA 99201
(509) 343-5020
resources@actforkids.org
www.actforkids.org

Arte Sana

PO Box 1334
Dripping Springs, TX 78620
www.arte-sana.com

Preventing Intimate Partner Violence and Sexual Violence in Racial/Ethnic Minority Communities: CDC's Demonstration Projects.

Whitaker DJ, Reese LE, editors, 2007
Centers for Disease Control
Atlanta, GA 30333
www.cdc.gov/ncipc/dvp/Preventing_IPV_SV.pdf

F. Perpetrator Prevention Resources

Prevent Child Abuse Vermont

P.O. Box 829
Montpelier, VT 05601
(800) 244-5373 or 1-800-CHILDREN
www.pcavt.org

The Safer Society Foundation, Inc.

P.O. Box 340
Brandon VT 05733-0340
(802) 247-3132
www.safersociety.org

G. Resources for Working with Men and Boys

There is No Sex Fairy - To Protect Our Children from Becoming Sexual Abusers

The Hindman Foundation
P.O. Box 536
La Grande, OR97850
(541) 992- 5071
<http://www.janhindman.com/order.shtml>
Price: \$24.95 plus S/H

Men Can Stop Rape, Inc. (MCSR)

1003 K Street, NW, Suite 200
Washington, DC 20001
(202) 265-6530
www.mencanstoprape.org

Mentors in Violence Prevention Program (MVP)

University of Central Florida, NCAS
4000 Central Florida Blvd.
P.O. Box 161400
BA II, Building 94, Suite 113
Orlando, FL 32816-1400
(407) 823-3337
www.sportinsociety.org/mvp

My Strength is Not for Hurting

A program of the California Coalition Against Sexual Assault (CALCASA)
www.mystrength.org

The National Youth Violence Prevention Resource Center

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
(800) CDC-INFO
www.safeyouth.org

H. Resources for Working with Adults

Child Sexual Abuse Prevention Parent Guide and Protect Kids Vermont Information for Adults

Department for Children and Families
103 South Main Street, Osgood 3
Waterbury, VT 05671-2401
(802) 241-2131
<http://dcf.vermont.gov/protectkids>

Darkness to Light

7 Radcliffe Street
Suite 200
Charleston, SC 29403
(843) 965-5444
stewards@d2l.org
www.d2l.org

Engaging Bystanders in Sexual Violence Prevention

Joan Tabachnick. 2008
National Sexual Violence Resource Center
123 North Enola Drive
Enola, PA. 17025
(717) 909-0710
www.nsvrc.org/sites/default/files/Publications_NSVRC_Booklets_Engaging-Bystanders-in-Sexual-Violence-Prevention.pdf

Heart to Heart

Ounce of Prevention Fund (OPF)

122 S. Michigan Avenue, Suite 2050
Chicago, IL 60603
(312) 922-3863
claired@ounceofprevention.org
www.ounceofprevention.org

New England Adolescent Research Institute (NEARI)

70 North Summer Street
Holyoke, MA 01040
(413) 540 0712
www.NEARI.com

Prevent Child Abuse Vermont

PO Box 829
Montpelier, VT 05601
(800) 244-5373 or 1-800-CHILDREN
www.pcavt.org

Stop It Now!

351 Pleasant Street, Suite B-319
Northampton, MA 01060
(413) 587-3500
www.stopitnow.com

Teen Lures Prevention

5166 Shelburne Road
Shelburne, VT 05482
info@teenluresprevention.com
800-552-2197
Teenluresprevention.com

View from the Shadows, Volumes 1-3, Intermedia

1165 Eastlake E., Suite 400
Seattle, WA 98109
(206) 284-2995
info@intermedia-inc.com
www.intermedia-inc.com

WholeSomeBodies

The Vermont Network Against Domestic and Sexual Violence
PO Box 405
Montpelier VT 05601
(802) 223-1302
www.vtnetwork.org

Chapter 4: Planning Resources

The Community Toolbox and Evaluation Framework Work Group for Community Health and Development

4082 Dole Human Development Center
1000 Sunnyside Avenue, University of Kansas
Lawrence, KS 66045
(785) 864-0533
toolbox@ku.edu
www.communityhealth.ku.edu

Community Development and Sexual Violence Prevention Creating Partnerships for Social Change by Gayle M. Stringer, MA, 1999

Washington Coalition of Sexual Assault Programs
2415 Pacific Avenue S.E.
Olympia, WA 98501
(360) 754-7583
www.wcsap.org

Getting to Outcomes 10 Steps for Achieving Results-Based Accountability

RAND Health (2007)
1776 Main Street, Box 2138
Santa Monica, CA 90407
(310) 451-7002
ww.rand.org
order@rand.org

Guidelines for the Primary Prevention of Sexual Violence and Intimate Partner Violence, Virginia Sexual and Domestic Violence Action Alliance

5008 Monument Avenue, Suite 1
Richmond, VA 23230
(804) 377-0335
www.vsdvalliance.org

Logic Model Development Guide

W.K. Kellogg Foundation

One East Michigan Avenue East
Battle Creek, MI 49017
(800) 819-9997
www.wkkf.org

Chapter 5: Evaluation Resources

National Association of County and City Health Officials

1100 17th Street, NW, Second Floor
Washington, DC 20036
(202) 783-5550
info@naccho.org
<http://www.naccho.org>

Demonstrating Your Programs Worth, National Center for Injury Prevention and Control

Nancy J. Thompson, PhD and Helen O. McClintock, 1998 Atlanta, GA
<http://origin.cdc.gov/ncipc/pub-res/dypw/dypw.pdf>

Evaluation Guide: Writing SMART Objectives

Department of Health and Human Services
Center for Disease Control and Prevention
http://www.cdc.gov/dhdsp/state_program/evaluation_guides/smart_objectives.htm

Evaluation Toolkit; Using Qualitative Data in Program Evaluation: Telling the Story of a Prevention Program FRIENDS, National Resource Center for Community-Based Child Abuse Prevention

800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
<http://www.friendsnrc.org/outcome/toolkit/index.htm>

Appendix B: State and National Organizations

The listings in this appendix are either referred to in the text of this guide or represent state and national organizations that may be of use to you in your curriculum and evaluation planning and for training and support around sexual violence and referrals for individuals and families who need services.

Centers for Disease Control and Prevention: National Center for Injury Prevention and Control

Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333, U.S.A.
800-CDC-INFO (800-232-4636)
www.cdc.gov/injury/

Child/ Teen Lures Prevention

5166 Shelburne Road
Shelburne, VT 05482
1-800-552-2197
www.childluresprevention.com
www.teenluresprevention.com

Community Development and Sexual Violence Prevention: Creating Partnerships for Social Change by Gayle M. Stringer, MA, 1999

Washington Coalition of Sexual Assault
Programs
2415 Pacific Avenue S.E.
Olympia, WA 98501
(360) 754-7583
www.wcsap.org

Puppets in Education

294 North Winooski Avenue
Burlington, VT 05401
(802) 860-3349
www.kidsontheblockvermont.org

The National Center for Missing and Exploited Children

Charles B. Wang International Children's
Building
699 Prince Street
Alexandria, Virginia 22314-3175
1-800-THE-LOST (1-800-843-5678)
www.missingkids.com

The National Center for Victims of Crime

2000 M Street NW, Suite 480
Washington, DC 20036
Phone: (202) 467-8700
www.ncvc.org

National Children's Alliance

516 C Street, NE
Washington, DC 20002
(202) 548-0090 or (800) 239-9950
www.nationalchildrensalliance.org

The National Sexual Violence Resource Center (NSVRC)

123 North Enola Drive
Enola, PA 17025
717.909.0710 Phone
www.nsvrc.org

Planned Parenthood of Northern New England

CENTRAL OFFICE
183 Talcott Road, Williston, VT 05495
800-287-8188
www.plannedparenthood.org/ppnne

Prevent Child Abuse Vermont

P.O. Box 829
Montpelier, VT 05601
(800) CHILDREN
800-244-5373 within Vermont
www.pcavt.org

Prevention Connection: The Violence Against Women Prevention Partnership

California Coalition Against Sexual Assault
1215 K Street, Suite 1100
Esquire Plaza
Sacramento, CA 95814
(916) 446-2520
www.preventconnect.org

Puppets in Education

294 North Winooski Avenue
Burlington, VT 05401
(802) 860-3349
www.kidsontheblockvermont.org

SafeArt

P.O. Box 251
Chelsea, VT 05038
802-685-3138
www.safeart.org

The Vermont Network Against Domestic and Sexual Violence

PO Box 405, Montpelier VT 05601
802-223-1302
www.vtnetwork.org

Vermont Network community based domestic and sexual violence service programs by county:

Addison County and the town of Rochester:

WomenSafe

P.O. Box 67, Middlebury, VT 05753
Hotline: 802/388.4205 or 1.800.388.4205
TTY: 802/388.4305
www.womensafe.net

Bennington County:

PAVE (Project Against Violent Encounters)

P.O. Box 227, Bennington, VT 05201
Hotline: 802/442.2111
<http://www.pavebennington.com/>

Caledonia and Essex Counties:

The Advocacy Program at Umbrella

1222 Main Street #301, St. Johnsbury, VT 05819
Hotline: 802/748.8141 or
802/748.8645 (hotline & office)
www.umbrellavt.org

Chittenden County:

Women's Rape Crisis Center

P.O. Box 92, Burlington, VT 05402
Hotline: 802/863.1236 TTY: 802/846.2544
www.stoprapevermont.org

Women Helping Battered Women

P.O. Box 1535, Burlington, VT 05402
Hotline: 802/658.1996 (also TTY#)
www.whbw.org

Franklin and Grand Isle Counties:

Voices Against Violence

P.O. Box 72
St. Albans, VT 05478
Hotline: 802/524.6575
www.cvov.org/htm/DomesticViolence/Contact_Us.html

*Lamoille County:***Clarina Howard Nichols Center**

P.O. Box 517

Morrisville, VT 05661

Hotline: 802/888.5256

www.clarina.org*Hardwick area of Caledonia County:***AWARE**

P.O. Box 307

Hardwick, VT 05843

Hotline: 802/472.6463

www.vtnetwork.org/FindaMemberProgram/Hardwick.html*Orange and Northeastern Windsor:***Safeline**

P.O. Box 368, Chelsea, VT 05038

Hotline: 1.800.639.7233

<http://www.orgsites.com/vt/safeline1/>*Orleans and Essex Counties:***The Advocacy Program at Umbrella**

93 E. Main St. #1

Newport, VT 05855

Hotline 802/334-0148

www.umbrellavt.org*Rutland County:***Rutland County Women's Network & Shelter**

P.O. Box 313, Rutland, VT 05701

Hotline: 802/775.3232

www.angelfire.com/vt/rcwn*Washington County:***Battered Women's Services And Shelter**

P.O. Box 652, Barre, VT 05641

Hotline: toll-free 1.877.543.9498

www.vtnetwork.org/FindaMemberProgram/BarreDomesticViolence.html**Sexual Assault Crisis Team**

4 Cottage Street, Barre, VT 05641

Hotline: 802/479.5577

www.vtnetwork.org/FindaMemberProgram/BarreSexualViolence.html*Windham County:***Women's Crisis Center**

P.O. Box 933, Brattleboro, VT 05302

Hotline: 802/254.6954 or toll-free

1.800.773.0689

<http://www.womenscc.org/blog>*Windsor County (Northeast):***WISE**

79 Hanover St., Suite One

Lebanon, NH 03766-1000

Hotline: 603/448.5525 or toll-free

1.866.348.WISE

www.wiseftheuppervalley.org*Windsor County (southern parts):***New Beginnings**

12 Valley St.

Springfield, VT 05156

Hotline: 802/885.2050

www.vtnetwork.org/FindaMemberProgram/Springfield.html**SPECIALIZED SERVICES:****SafeSpace – LGBTTQ community**

P.O. Box 5883, Burlington, VT 05402

Office: 802/863.0003

<http://www.ru12.org/>**Deaf Vermonters Advocacy Services (DVAS)**

P.O. Box 61, South Barre, VT 05670

TTY: 802/479.1934 or 1.800.303.3827

<http://www.dvas.org/>

Appendix C: Selected Bibliography

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Appendix D: Relevant State and Federal Statutes

The laws and statutes in this appendix are either referred to in the text of this guide and/or may be of use to you in your curriculum and evaluation planning.

For questions about federal and state statutes contact the Counsel's office at the Department of Education for assistance with education law, <http://education.vermont.gov/new/html/mainlaws.html> or (802) 828-5937; the Attorney General's Office or your local State's Attorney's office for assistance with state criminal law, <http://www.atg.state.vt.us/>; or the U.S. Attorney's district office in Burlington for assistance with federal law <http://www.justice.gov/usao/vt/> or (802) 951-6725

The following is a summary of laws that affect Vermont school districts. This document briefly summarizes applicable state and federal law and is intended to provide an overview of the current law on the issues relating to sexual violence and/or conduct that could escalate into violence. This information is current as of July 2009. It is important to note that laws are constantly under review and are often revised from year to year. This document is not intended to provide specific legal advice, but rather to serve as a guide to what applicable laws are currently in existence.

A. STATE LAW

This section will summarize Vermont law applicable to: the duty of care in the educational setting; mandatory reporting responsibilities; harassment; hazing; bullying; sexual assault and other crimes that may affect students.

1. **Overall Duty of Care:**

Schools and their employees owe students a duty of ordinary care to prevent the students from being exposed to unreasonable risk where it is foreseeable that injury is likely to occur. They do not have a duty of immediate supervision at all times under all circumstances.¹ The duty of ordinary care requires school employees, to the extent necessary for schools to carry out their educational purpose, to act as a reasonably prudent person would under the circumstances taking into consideration student age, and maturity.² A failure to take appropriate action to prevent student injury at school, at a school sponsored activity or on the school bus, after receiving sufficiently specific knowledge of a risk to a particular student or students, could result in liability for money damages.

2. *Mandatory Reporting:* 33 V.S.A. § 4913 (a); 33 V.S.A. §6903

School employees are required to report reasonably suspected child abuse or neglect to the Department of Children and Families or to the Department of Disabilities, Aging and Independent Living, if the student is over the age of 18 and has a disability.³ Failure to report can result in fines and, in certain cases, criminal liability.⁴ If a school employee has reasonable cause to believe that any child has been abused or neglected, the employee must report or cause a report of the suspected abuse or neglect to be made to DCF within 24 hours. Reports of abuse or neglect of vulnerable adults must be made to the Department of Aging and Disabilities within 48 hours.⁵

All Vermont public schools and approved independent (i.e private) schools⁶ are required to have a **comprehensive plan for responding to student misbehavior** that expressly addresses harassment, bullying, hazing and the possession of a firearm at school.⁷ The plan should include a description of behaviors both on and off school grounds which constitute misconduct.⁸ Schools can discipline for misconduct that occurs off school grounds if “direct harm to the welfare of the school can be demonstrated.”⁹

3. *Comprehensive Health:* 16 V.S.A. § 131

Vermont law requires that all students be provided with comprehensive health education, including instruction regarding sexual activity and sexually-transmitted disease, personal decision making about sexual activity, and how to recognize and prevent sexual abuse and sexual violence.¹⁰ This includes making students aware of teen sexual abuse and violence and providing resources for dealing with the issue. Schools should ensure that students are aware of and equipped to deal with teen sexual violence. Educators should therefore have a basic understanding of the types of conduct prohibited under Vermont law.

4. *Harassment, Hazing and Bullying Prevention:* 16 V.S.A. § 11(a)(26), (30); 16 V.S.A. §14; 16 V.S.A. §§ 140a- 140c; 16 V.S.A. § 565 (b); Under Vermont law, all schools must have harassment and hazing prevention policies.¹¹ Harassment policies must outline procedures for reporting violations, handling investigations, notifying the alleged victim and perpetrator of the outcome of the investigation and for an independent review of the outcome of the investigation.¹² The policy must meet minimum standards as set forth in statute and in the model policy developed by the Commissioner of Education.¹³

Harassment is a form of unlawful discrimination based upon a student or student’s family members actual or perceived membership in a protected category (actual or perceived race, religion, color, national origin, marital status, disability, sex, sexual orientation or gender identity.) Sexual harassment is specifically prohibited, including student-on-student sexual harassment.¹⁴

Sexual touching and sexual epithets, slurs, comments, insults, gestures, taunts, graffiti, stereotypes, the display of written or visual material and threats can be forms of sexual harassment if they “substantially undermine or detract from a student’s education

performance or create an objectively intimidating, hostile or offensive environment.”¹⁵ It is important however for educators to familiarize themselves with all of the protected categories and to recognize that sexual harassment is only one form of harassment. For example students are also harassed as a result of their actual or perceived sexual orientation or gender identity.

Other conduct, that may have sexual overtones, may be bullying or hazing. Bullying is “any overt act or combination of acts directed at a student by another student or group of students which is repeated over time and is intended to ridicule, humiliate or intimidate the student.”¹⁶ There is no statutory procedure for investigating and remediating bullying but schools must address bullying in their comprehensive discipline plan. Hazing is conduct related to membership or initiation into a particular organization affiliated with an educational institution that can reasonably be expected to be humiliating, intimidating, or demeaning to the student or endanger the student’s physical or mental health.¹⁷ Hazing is a civil offense that can result in a fine.¹⁸

The Model Harassment Policy and the model Bullying Prevention Plan available from the Vermont Department of Education and the model Hazing Prevention Policy available from the Vermont School Board’s Association provide a good starting point for harassment, hazing and bullying prevention policies.¹⁹

5. **Vermont Public Accommodations Act: 9 V.S.A. § 4502**

The Vermont Public Accommodations Act (VPAA),²⁰ applies to public schools and independent schools.²¹ A school can be held civilly liable for student on student harassment if certain elements of a claim are met. A claimant who brings suit for student-on-student harassment under the VPAA must show that:

- (1) S/he was subjected to unwelcome conduct by another based on membership in a protected category **and**
- (2) the conduct was either sufficiently severe (a single incident) or pervasive (less severe incidents repeated over time) that was either:
 - (A) intended to or had the effect of when viewed from a reasonable person standard to “substantially undermine and detract from or interfere with the claimant’s educational performance **or**
 - (B) created an objectively intimidating, hostile or offensive environment; **and**
- (3) the educational institution received actual notice of the alleged harassment **and**,
 - (A) failed to promptly investigate the incident or incidents in question **or**
 - (B) if an investigation was conducted in a timely manner and the conduct rose to the level of unlawful harassment, failed to take prompt and appropriate action reasonably calculated to stop the harassment; **or**
 - (C) the claimant meets one of the five statutory criteria set forth in 16 V.S.A. § 14 (b) which would excuse the claimants obligation to exhaust the school’s remedies.

The circumstances that relieve the claimant of showing that s/he has exhausted administrative remedies are:

- (1) the school does not have a harassment policy in place;
- (2) a determination has not been made within statutory time limits;
- (3) the health or safety of the claimant would be jeopardized otherwise;
- (4) exhaustion would be futile; **or**
- (5) exhaustion would subject the student to substantial and immediate retaliation.²²

Essentially, to avoid liability under the VPAA., at a minimum, a school needs to have a harassment prevention policy in place, the school needs to promptly respond to complaints and, if harassment is substantiated, it must take prompt and appropriate action to remediate the harassment.

6. *Hate Crimes; 13 V.S.A. § 158 et. seq.*

Vermont law enhances penalties for any crimes committed where the conduct is maliciously motivated by the victim's actual or perceived race, color, religion, and national origin, membership in the armed forces, ancestry, age, sex, sexual orientation or gender identity. The hate crimes statutes also provides for civil liability independent of any criminal prosecution²³ or the result of any criminal prosecution. A victim who suffers any damage, loss or injury can bring an action for injunctive relief, compensatory and punitive damages, costs, attorney's fees and any other appropriate relief against the person who committed the action.²⁴

7. *Disturbing the peace by use of telephone or other electronic means; 13 V.S.A. § 1027*

This statute would apply to the use of texting, e mail, social networking internet sites or other electronic means of communication to terrify, intimidate, threaten, or harass someone or to make obscene, lewd or indecent requests, suggestions or proposals. The sentence for committing such acts is a fine of up to 250 dollars, imprisonment of not more than three months or both. If this is a repeat offense, the offender can be fined up to 500 dollars or imprisoned for not more than six months or both.

The offense can be considered to have been committed at either the place where the communication originated or where the communication is received. This statute applies to cyber bullying and cyber harassment. Educators should be encouraged to report known incidents of cyber bullying and harassment to police and should take immediate action to prevent its occurrence in school.

8. *Sexual Assault: 13 V.S.A. § 3252 (a)*

Sexual assault is any sexual contact that is compelled and:

- (1) without consent; or
- (2) accomplished by threat or coercion; or
- (3) accomplished by placing the other person in fear of imminent bodily injury.²⁵

Sexual violence among teens can be sexual assault if it falls within any one of the three categories listed above. However, these are not the only forms of sexual assault among teens. “Statutory”²⁶ rape occurs when an adult has sexual contact with a person below the age of consent. Prohibition of this conduct is directed at protecting children from sexual predators, and preserving both community and individual health.

Generally, the age of consent in Vermont is 16.²⁷ There are exceptions however. Married parties are not prohibited from engaging in consensual sexual acts.²⁸ For example, a 20-year-old person with a 15-year-old spouse would not face criminal liability for engaging in consensual sexual acts with his or her spouse.²⁹ A person who is less than 19 years old is not prohibited from consensual sexual acts with a child who is at least 15 years old.³⁰ Presumably, this means that it would be permissible for a person on the day before the person’s nineteenth birthday to engage in consensual sexual acts with another person as long as that other person is at least fifteen.³¹

Other sexual conduct is also prohibited. The statute generally prohibits incestuous sexual acts, and prohibits guardians and those acting as parental figures from engaging in any sexual acts with a child under age 18.³² Teachers and other school personnel can be prosecuted for having sexual contact with students, both under the sexual assault statute and under the new sexual exploitation law.³³

If conduct that reasonably qualifies as sexual assault is suspected—especially any conduct that involves violence—school officials should immediately report the conduct to DCF and the police. Teen dating violence can include sexual assault. Educators should be aware of the signs and provide resources, such as school counseling, to assist victims of sexual assault. Teens should be made aware of the process for obtaining abuse prevention orders.

9. *Sexual Exploitation of a Minor*: 13 V.S.A. § 3258 (a)(2)

A new Vermont law prohibits anyone 48 months older and “in a position of power, authority, or supervision” over a minor from any sexual contact with such minor.³⁴ The person is in a position of power, authority or supervision over the minor by “undertaking the responsibility, professionally or voluntarily, to provide for the health or welfare of minors or guidance, leadership, instruction or organized recreational activities for minors.” Accordingly, any sexual contact between a minor and a teacher, counselor, coach, etc. may fall under this statute. This crime is a misdemeanor with a penalty of up to one year in prison but if the person abuses their position of power, authority or supervision in order to commit the act, then the crime rises to a felony with a possible 5 year penalty.³⁵

10. *Luring a Child*; 13 V.S.A. § 2828

This law prohibits knowingly soliciting, luring or enticing or attempting to solicit lure or entice a child under the age of 16 for the purpose of engaging in a sexual act. or lewd and lascivious conduct as those terms is defined in Vermont’s criminal statutes. This statute applies to communications made by written, telephonic or electronic means. It therefore

applies to attempts to set up sexual encounters via internet chat rooms and by way of texting. It is not applied if the perpetrator is younger than 19, the child is at least 15 and the conduct is consensual. The penalties for luring are imprisonment for not more than 5 years a fine of 10,000 or both.³⁶

11. **Abuse prevention, 15 V.S.A. Chpt. 21:**

Vermont's abuse prevention statutes apply to persons who have, for any period of time, lived together or, shared occupancy of a dwelling, as well as to persons who are or have engaged in a sexual relationship or who are or have dated. Dating is defined as "a social relationship of a romantic nature."³⁷ Abuse is defined as: "attempting to cause or causing bodily harm; placing another in fear of imminent serious physical harm; abuse of children as defined in the abuse /neglect reporting act; stalking or; sexual assault."³⁸ Abuse prevention orders are issued to prevent violent or threatening acts, harassment against, contact with or physical proximity to the complainant. These orders are generally issued by the family court but they can be issued by both the family court and the superior court, pending a hearing, on an emergency basis. A permanent order may be issued after a hearing upon a showing that the plaintiff has been abused and there is a danger of further abuse or if the defendant is currently incarcerated after being convicted of certain violent crimes such as sexual assault, domestic assault and stalking.³⁹ In hearings on permanent abuse prevention orders evidence of the complainant's prior sexual conduct or evidence of the complainant's reputation for sexual conduct is generally not admissible.⁴⁰

12. **Sexting, 13 VSA 2802b:**

The practice of sending nude photos and depictions of sexual conduct over a mobile phone is commonly known as "sexting."⁴¹ In the teen dating violence context, the aggressor might force or coerce the victim into sending explicit text messages. "Sexting" is illegal and students can be prosecuted for engaging in it.

A new Vermont statute,⁴² creates a new crime to address the increasing frequency of "sexting," which occurs when a minor takes a nude or semi-nude photograph of himself or herself and sends it via electronic transmission, usually a cell phone and typically unsolicited, to another minor. The new crime prohibits a minor from knowingly and voluntarily and without threat or coercion using a computer or electronic communication device to transmit an indecent visual depiction of himself or herself to another person, and prohibits any person from possessing such a visual depiction. A violation of the statute by a minor could result in the minor being charged in a juvenile proceeding in family court, and the charge does not subject the minor to sex offender registry requirements. Prosecutions may still be brought for other crimes in district court if the facts warrant, including child pornography violations for second or subsequent offenses. In addition, adults can be charged with a misdemeanor offense for possessing the images.

A related statute, Chapter 63 of Title 13 entitled Obscenity, criminalizes the dissemination of indecent materials to minors and the display and distribution of indecent material.⁴³ The Section also criminalizes the exhibition of motion pictures harmful to minors, and the public

display of sex and nudity for advertising purposes and displaying obscene materials to minors.⁴⁴ A person who violates these statutes is subject to misdemeanor penalties.⁴⁵ Statutory presumptions and affirmative defenses are included in this Section which will affect the prosecution of these matters.⁴⁶

Another relevant statute, Chapter 64 of Title 13 entitled Sexual Exploitation of a Child criminalizes the use of a child in a sexual performance, consenting and promoting the recording of sexual conduct, possession of child pornography and luring a child.⁴⁷ Depending upon the nature of the conduct and prior convictions, the penalties range from misdemeanor to felony level.⁴⁸

B. FEDERAL LAW

I. Title IX

A. Freedom from sexual discrimination and sexual harassment

Schools that receive federal funding can be liable under Title IX of the Education Amendments of 1972 for failing to respond to sexual discrimination. Title IX guarantees that “[n]o person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any education program or activity receiving Federal financial assistance.”⁴⁹

Sexual harassment is a form of sex discrimination. Such harassment consists of unwelcome sexual conduct and includes unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature.⁵⁰

B. School liability for student on student sexual harassment

The United States Supreme Court has held that a student who is subjected to sexual harassment during school programs or activities by another student can sue a school district to recover monetary damages arising from the district’s failure to respond to student-on-student sexual harassment.⁵¹ School districts are liable for student-on-student sexual harassment, when: (1) a student has been sexually harassed, (2) the school has actual knowledge of the harassment, (3) the harassment was severe, pervasive, and objectively offensive, (4) the harassment caused the student to be deprived of access to educational opportunities or benefits, and (5) the school is deliberately indifferent to the harassment.⁵² Deliberate indifference is found “where the schools response to the harassment or the lack of a response is clearly unreasonable in the light of the known circumstances.”⁵³

C. Required school district policies and protocols

Title IX regulations require that each educational institution has a written policy and protocol for responding to sexual harassment.⁵⁴ State law however already requires this and state law, unlike federal law, prohibits discrimination on the basis of sexual orientation and gender identity.

I. Duty to Promote School Safety

School districts that receive funds under the Safe and Drug-Free Schools and Communities Act, as amended by the No Child Left Behind Act, must have programs and/or activities that promote school safety.⁵⁵

II. Duty to Track Violence

In addition, school districts that receive Safe and Drug-Free School and Communities Act funds must submit data to the Vermont Department of Education on the incidence and prevalence of violence in schools. Each state must then include this information in a biennial report to the United States Department of Education.⁵⁶

III. Limitations of Freedom of Speech at School

The circumstances under which students can be disciplined for activities that fall within the purview of first amendment free speech rights is an evolving area of the law. The U.S. Supreme Court has held that schools have the right to regulate “plainly offensive” in-school speech that is ‘sexually explicit, indecent or lewd speech.’⁵⁷ The Ninth Circuit Court of Appeals upheld a school’s right to suspend a student who refused to remove a t-shirt he wore to school expressing religious condemnation of homosexuals. The Ninth Circuit concluded that schools can restrict discriminatory speech when such speech is derogatory and injurious and directed at students’ minority status such as race, religion and sexual orientation.⁵⁸ To date this ruling has not been adopted by other courts outside of the ninth circuit.⁵⁹

The Second Circuit Court of Appeals (our circuit) has held that a student could be disciplined for speech occurring off campus (an internet posting from the student’s home computer depicting a named teacher being shot) where there was a reasonably foreseeable risk of substantial disruption within the school environment.⁶⁰

A school’s ability to discipline a student for off campus speech that targets a particular student remains an open question of law in our circuit.

1. 16 V.S.A. § 834.
2. *See Edson v. Barre Supervisory Union No. 61*, 182 Vt. 157, 933 A.2d 200, 2007 VT 62 (2007)
3. *See* 33 V.S.A. § 4913 (a) (requiring, among others, any “school superintendent, school teacher, school librarian, school principal, school guidance counselor, any other individual who is regularly employed by a school district or who is contracted and paid by a school district to student services for 5 or more hours per week” to report suspected child abuse or neglect.
4. *See* 33 V.S.A. § 4913(f) & 6913.
5. *See* 33 V.S.A. §6903.
6. Approved independent schools are permitted to accept publicly tuitioned students in towns without elementary schools or high schools. *See* 16 V.S.A. §§821-822. They may also serve as public school placements for special education students with particular program needs. *See* Rule 2220 of the Vermont State Board Manual of Rules and Practices.
- 7.. 16 V.S.A. §§ 1161a, 1166.
- 8.. 16 V.S.A. § 1161(a)(6).
- 9.. 16 V.S.A. §1162(a)
- 10.. *See* 16 V.S.A. § 131 (defining “comprehensive health education”)
11. 16 V.S.A. § 565(b).
12. *Id.* § 565(b) (1)–(2).
13. *Id.* § 565(b). The model policy is available online. VT. DEPT. EDUC., POLICY ON PREVENTION OF HARASSMENT OF STUDENTS *available at* http://education.vermont.gov/new/pdfdoc/resources/model_harassment.pdf (last visited July 22, 2009).
14. *See* 16 V.S.A. § 11(a)(26)(B)(i) (defining sexual harassment as falling within the statutory definition of harassment); *see also* VT. DEPT. EDUC., *supra* note 6, at 2 n.4 (“This statutory definition of sexual harassment describes only the “quid pro quo” form of sexual harassment that can occur between an adult and student. However, sexual harassment may also include student to student conduct as well as conduct that creates a hostile environment.”).
15. 16 V.S.A. § 11(a)(26)(A).
16. 16 V.S.A.. § 11(a)(32)
17. 16 V.S.A. § 11 (a)(30).
18. 16 V.S.A. §140c
19. The model harassment policy and the model hazing policy are both available online. *See* note 6, *supra*; VT. DEPT. EDUC. MODEL HAZING PREVENTION POLICY, *available at* http://education.vermont.gov/new/pdfdoc/resources/model_hazing.pdf (last visited July 22, 2009). *See also*, Vt. Dept. Educ., *Resources: Model Policies*, http://education.vermont.gov/new/html/resources/model_policies.html (Feb. 11, 2009).
20. 9 V.S.A. § 4502.(An act prohibiting unlawful discrimination in places of public accommodation)
21. 16 V.S.A. § 14(b).
22. 16 V.S.A. §§ 11 (a) (26)(A),& 14(b)

23. 13 V.S.A. § 1455.
24. 13 V.S.A. § 1457.
25. 13 V.S.A. § 3252(a).
26. “Statutory” is a misnomer; all rape is statutory. All states have rape statutes.
27. *See* 13 V.S.A. § 3252(c) (generally prohibiting any sexual act with a person under the age of 16).
28. 13 V.S.A. § 3252(c)(1).
29. Such a marriage would not be allowed after September 1, 2009. *See* Pub. Act No. 3 (Vt. 2009) (prohibiting a couple—when one of the parties is under age sixteen—from obtaining a marriage license, amending 18 V.S.A. § 5142(2)). At this writing, a couple can still obtain a marriage license when one of the parties is under age sixteen if they have consent and a court order.
30. 13 V.S.A. § 3252(c)(2).
31. As an example, presume today’s date is January 1, 2010. A’s birthday is January 2, 1991. B’s birthday is January 1, 1995. B is—just—15, and A will turn 19 tomorrow. Today (January 1, 2010) A and B may engage in consensual sexual acts. Tomorrow (January 2, 2010), however, A would be criminally liable for sexual assault for the same act.
32. 13 V.S.A. § 3252(d)–(e). (Oddly enough, sexual acts between cousins are not prohibited.)
33. *See* 13 V.S.A. § 3252(d) (prohibiting any “sexual act with a child who is under the age of 18 and is entrusted to the actor’s care by authority of law”). *See also* 13 V.S.A. § 3258 and Section B.7. *infra*.
34. 13 V.S.A. § 3258(a)(2).
35. 13 V.S.A. § 3258(d) (“A person who violates subsection (a) of this section and who abuses his or her position of power, authority, or supervision over the minor in order to engage in a sexual act shall be imprisoned for not more than five years or fined not more than \$10,000.00, or both.”).
36. 13 V.S.A. § 2825(e)
37. 15 V.S.A. § 1101(a)(2)
38. 15 V.S.A. § 1101(a)(1).
39. 15 V.S.A. § 1103
40. 15 V.S.A. § 1103(d)
41. *See, e.g.,* Julie Taboh, *Sexually Explicit Text Messages get American Teens in Trouble*, July 22, 2009, VOA NEWS.COM, available at <http://www.voanews.com/english/AmericanLife/2009-07-22-voa28.cfm> (“A combination of the words “sex” and “text,” the term refers to the act of sending sexually explicit text messages—or pictures of oneself—instantly over a mobile phone. Sometimes these images wind up posted on the Internet.”).
42. 13 VSA 2802b
43. 13 VSA 2802 and 2803
44. 13 VSA 2804, 2804a and 2804b
45. 13 VSA § 2807
46. 13 VSA § 2805

47. 13 VSA §§ 2822, 2824, 2827, 2828
48. 13 VSA § 2825
49. 20 U.S.C. § 1681(a).
50. 29 C.F.R. § 1604.11; *See Franklin v. Gwinnett County Pub. Sch.*, 503 U.S. 60, 75 (1992) (applying Title VII definition of sexual harassment in Title IX Case).
51. *Davis v. Monroe County Bd of Ed.*, 526 U.S. 629 (1999).
52. *Id.* at 650.
53. *Id.* at 649-650.
54. 34 C.F.R. §§ 106.8 (b), 106.9.
55. 20 U.S.C. §§ 7115, 7161(3)(B).
56. 20 U.S.C. §§ 7102, 7116.
57. *See Bethel Sc. Dist. No. 403 v. Fraser*, 478 U.S. 675 (1986).
58. *See Harper v. Poway Unified School District*, 445 F.3d 1166 (C.A. 9 2006)
59. *See Bowler v. Town of Hudson*, 514 F.Supp 2d 168, (D. Ct. Mass. 2007) (Court declined to rely on the *Harper* decision and held that students had a First Amendment right to put up a school club poster that had a website link to a conservative organization that linked Islam with violent and graphic images of beheadings.); *See also Saxe v. Warren Area School District*, 240 F. 3d 200 (C.A. 3 2001) (Mere fact that speech is harassing under federal nondiscrimination statute does not categorically exclude it from First Amendment protection)
60. *See Wisniewski v. Board of Education of Weedsport Cen. School Dist.*, 494 F. 3d 34; *See also Donninger v. Neihoff* 527 F.3d 41(2008) (School could discipline student for off campus posting of blog calling school administrators “ douche bags” and encouraging other students to contact the superintendent to “ piss her off more.”

Appendix E: Sample Forms And Quick Reference Resources

1. Sample check list for curricula identification
2. Grade Expectations Chart PreK-12
3. Sample assessment Items
4. Logic Model Template
5. Outcome Measurement Framework

1. Sample checklist for effective sexual violence prevention

- ✓ Age and culturally appropriate
- ✓ Content conveyed through multiple lessons
- ✓ Research/evidence-based, theory-driven or reflects Vermont health education standards and/or **National Health Education Standards**
- ✓ Instructional options for involving students, parents and other adults
- ✓ Follows the advice of ***The Nine Principles***
- ✓ Comprehensive coverage of healthy relationship and communication skills
- ✓ Practical information with clear and basic messages
- ✓ Lesson plans suggest interactive classroom and out of classroom options
- ✓ Progressive information that builds on content provided in earlier years

2. Grade Expectations Chart Pre K– 12

Stem/Standard	Grades Pre-K-2	Grades 3-4	Grades 5-6	Grades 7-8	Grades 9-12
HE1: Self Management Students will understand how to reduce their health risks through the practice of healthy behaviors.		1. Demonstrate how to be a responsible friend and family member.(FSSH-a) 2. Demonstrate ways to show care, consideration and respect for self and others, including how to help others and to accept differences (boundaries) including how to help others and to accept differences. (MEH-b)(FSSH-b)	1. Demonstrate ways to build and maintain positive relationships, friendships, and a sense of belonging. (FSSH-a) 2. Demonstrate ways to avoid or change situations that threaten health and safety (e.g., stress, harassment, situations that could lead to trouble or violence); (e.g. sexual abuse, bullying as a bystander, perpetrator, or victim; AND INTERNET AND TECH SAFETY). (MEH-a) (VIP-c)	1. Develop strategies that promote positive health for adolescents (e.g. coping with concerns and stress related to the changes in adolescence; dealing with sexual pressures, relationships). (FSSH-a) 2. Develop an injury prevention and response strategies for personal safety.(VIP-a) 3. Demonstrate strategies to avoid or prevent fighting, bullying and other forms of violence. (VIP-c) 4. Differentiate between situations that require care and concern among friends or require getting the support and help of caring adults (e.g. getting help vs. tattling). (MEH-b)	1. Demonstrate strategies for dealing with situations that involve personal risk, danger or emergencies (e.g. relationship violence, sexual pressures).(FSSH-a) 2. Design, implement and evaluate a plan of healthy stress management. (MEH-a) 3. Recognize and avoiding situations and persons that can increase risk of assault acquaintance or date rape. (VIP-c) 4. Demonstrate strategies to promote acceptance and respect for all individuals, (e.g. mental and physical illness, disabilities, culture, race/ethnicity, sexual orientation) (FSSH-b)

Stem/Standard	Grades Pre-K-2	Grades 3-4	Grades 5-6	Grades 7-8	Grades 9-12
HE2: Core Concepts Students will show an understanding of health promotion and disease prevention concepts.	<p>1. IDENTIFY AND NAME BASIC MALE AND FEMALE REPRODUCTIVE BODY PARTS.</p> <p>2. IDENTIFY AND DESCRIBE HEALTHY (RESPECTFUL) PHYSICAL AFFECTION (E.G. TOUCH).</p> <p>1. Describe a variety of feelings and the importance of expressing them in appropriate ways. (MEH-b)</p>	<p>1. Identify basic male and female reproductive body parts and their function. (FSSH-c)</p> <p>2. Explain the difference between bullying and teasing (e.g. SEXUAL TEASING, BULLYING). (VIP-c)</p>	<p>1. Describe the characteristics of safe, healthy, and respectful relationships. (FSSH-a)</p> <p>2. Describe the characteristics of a safe, healthy and respectful school and community: including pro-social behaviors (e.g., helping others, being respectful of others, cooperation, consideration that helps prevent violence) [NOTE: BYSTANDER ACTIONS SUPPORTED] (MEH-a)(VIP-a)</p> <p>3. Explain the role of bystanders in escalating, preventing or stopping bullying, fighting, and violence. (VIP-f)</p> <p>4. Describe body changes that occur during puberty. (FSSH-b)</p>	<p>1. Identify the benefits of healthy behaviors and the relation of injury and premature death. (VIP-a)</p> <p>2. Differentiate between hazing, harassment, bullying and respectful interactions and relationships. (VIP-c)</p> <p>3. Describe the consequences of bullying, cyber-bullying, hazing, harassment and violence (e.g. legal, social, emotional. (VIP-d)</p> <p>4. Describe the characteristics of healthy and harmful relationships. (VIP-e)</p> <p>5. Explain the process of human reproduction, including conception, prenatal development and birth. (FSSH-c)</p>	<p>1. Describe the benefits of abstaining/postponing sexual activity and setting sexual limits. (FSSH-b)</p> <p>2. Differentiate between respectful and disrespectful relationships. (FSSH-c)</p> <p>3. Analyze situations that could lead to different types of violence (e.g. bullying, verbal abuse, hazing, fighting, dating violence, acquaintance rape, sexual assault, family violence). (VIP-b)</p> <p>4. Describe signs, symptoms of depression, suicide and mental health issues (e.g. obsessive-compulsive disorder, autism). (MEH-b)</p> <p>5. Discuss the effects of stereotyping and ways to counteract</p>

			<p>5. Describe safety issues related to using the internet, including cyber-bullying. (VIP-d)</p> <p>6. Describe bullying, hazing and harassing behaviors. (VIP-e)</p>	<p>6. Identify symptoms, risk factors, cause, transmission, treatment and prevention of sexually transmitted infections, including HIV/AIDS. (FSSH-f)</p> <p>7. Describe the benefits of using non-violence to solve interpersonal conflict. (VIP-f)</p> <p>8. Identify strategies that promote emotional and mental health (e.g. connectiveness, communication). (MEH-a)</p> <p>9. Describe changes that occur during adolescence and their effects on emotions, behaviors, and relationships. (FSSH-a)</p> <p>10. Identify the social, emotional, and physical benefits of healthy behaviors (e.g. setting personal</p>	negative effects. (FSSH-d)
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limits/boundaries, abstaining from sex). (FSSH-d) 11. Identify effective methods to prevent HIV, sexually transmitted infections and pregnancy. (FSSH-g)	

Stem/Standard	Grades Pre-K-2	Grades 3-4	Grades 5-6	Grades 7-8	Grades 9-12
HE3: Analyzing Influences Students will show understanding of how culture, media, peers, family and other factors influence health.		<ol style="list-style-type: none"> 1. Analyze how friends, older students, family members and others influence behaviors. (FSSH-a) 2. Analyze how advertising and media influences the initiation or risky behaviors. (VIP-a) 	<ol style="list-style-type: none"> 1. Analyze how information from peers, families, and media influences health (e.g., body image, sexual identity, personal health practices). (FSSH-a) 2. Differentiate between positive and negative internal (e.g., curiosity, fears) and external (e.g., peers, media, cultural) influences that affect violence. (VIP-a) 3. Analyze how information from peers influences the escalation or de-escalation of violence. (VIP-b) 	<ol style="list-style-type: none"> 1. Analyze influences on sexual behavior (e.g. family, peers, religion, media, culture, internal factors). (FSSH-b) 2. Describe how school, family and peers influence the choices and behaviors of individuals related to safety and violence. (VIP-b) 3. Analyze how messages from the media influence safety and violence-related behavior. (VIP-a) 4. Analyze the effect of technology on personal and family relationships. (FSSH-c) 	<ol style="list-style-type: none"> 1. Analyze internal and external factors that influence a positive self-image. (MEH-a) 2. Analyze the impacts of internal (e.g. experiences, perceptions, self-respect) and external (e.g. media, peer, community factors on family, social and sexual health and behaviors. (FSSH-a)

Stem/Standard	Grades Pre-K-2	Grades 3-4	Grades 5-6	Grades 7-8	Grades 9-12
HE4: Accessing Information Students will demonstrate the ability to access valid information and/or resources about health issues, services and products.	1. Identify trusted individuals in the home, school and community who can provide help (e.g. feelings, solving problems, health issues). (MEH-b)		1. Analyze the importance of accessing help from an adult when it is needed. (MEH-a) 2. Identify sources of support in the school and community who can help make decisions and solve problems for oneself or one's friends, including situations when someone is in danger or hurting self or others. (MEH-b) 3. Identify resources that provide valid health information and services for individuals, families, and communities. (FSSH-a)	1. Analyze school and community health services available for support and information for a variety of health issues. (FSSH-a) 2. Analyze appropriate school, community and internet resources to access when dealing with problems or situations related to violence and safety. (VIP-a) 3. Demonstrate how to ask trusted adults and friends for help with emotional or mental health concerns for oneself or others, including the risk of suicide. (MEH-b)	1. Demonstrate the ability to access reliable school and community resources to assist with problems related to injury and violence prevention. (VIP-a)

Stem/Standard	Grades Pre-K-2	Grades 3-4	Grades 5-6	Grades 7-8	Grades 9-12
HE5: Interpersonal Communication Students will demonstrate use of skillful communication to contribute to better health for themselves, their families, and the community.	1. Use effective verbal and non-verbal communication skills to express ideas, needs, wants and feelings (e.g. making friends; giving and accepting compliments or statements of appreciation). (FSSH-a) 2. Demonstrate ways to communicate care, consideration and respect for self and others (e.g. making friends, giving and receiving compliments). (MEH-b) 3. Demonstrate verbal and non verbal ways to ask trusted adults for help, including how to report unsafe, scary or hurtful situations in the home, school or community. (VIP-a) 4. Demonstrate what to say and do when witnessing bullying or other potentially	1. Use appropriate communication (e.g. refusal skills, asking for help, "I" messages) and listening skills to enhance health and safety for self and others. (VIP-a) 2. Express intentions to stop bullying as a bystander, perpetrator, or victim. (VIP-d) 3. Identify communication to build and maintain healthy relationships. (FSSH-a) 4. Demonstrate the ability to use listening skills to support others and understand their feelings. (MEH-b)	1. Demonstrate effective ways to express needs, wants, and feelings to build, promote and support positive health and relationships, including setting and respecting limits and boundaries and seeking help and support. (FSSH-a) (MEH-a) 2. Identify barriers to effective communication of information, ideas, feelings and opinions about health issues. (FSSH-b) 3. Demonstrate the ability to ask a trusted adult for help when feeling personally threatened, unsafe, or to report suspected place for school violence. (VIP-a) 4. Demonstrate non-violent strategies to resolve conflicts.	1. Demonstrate resistance/refusal and negotiation skills to enhance health and interpersonal relationships. (FSSH-a) 2. Identify barriers to effective communication of information, ideas, feelings and opinions about health issues. (FSSH-b) 3. Demonstrate ways to influence and support others in making positive health choices. (FSSH-c) 4. Demonstrate ways to respond appropriately to feelings expressed by others. (MEH-a) 5. Demonstrate ways to show respect for diversity (e.g. mental and physical disabilities, culture, race/ethnicity, sexual orientation, age,	1. Demonstrate effective verbal and nonverbal communication skills to enhance health and build and maintain healthy relationship, (e.g. positive peer support, assertive, "I" messages). (FSSH-b) 2. Demonstrate the ability to advocate for health promoting opportunities for self and others. (FSSH-c) 3. Demonstrate the ability to advocate for a safe, respectful school and social environment, including how to influence others to report situations involving safety or violence. (VIP-d) 4. Demonstrate strategies for dealing with hazing, harassment and to avoid or escape a potentially violence

	harmful situations. (VIP-c)		(VIP-c) 5. Demonstrate effective refusal and negotiation skills in dealing with situations involving bullying, harassment, hazing, or other forms of violence. (VIP-b)	socioeconomics) (MEH-b) 6. Demonstrate the ability to use mediation and negotiation skills to resolve conflict. (MEH-c) 7. Demonstrate effective communication skills (e.g. assertiveness, refusal, negotiations) to avoid potentially violent or unsafe situations. (VIP-b) 8. Demonstrate how to report situations that could lead to injury or violence.(VIP-c) 9. Demonstrate the ability to advocate for a positive, respectful and violence-free school environment. (VIP-d) 10. Demonstrate ways to respond appropriately to feelings expressed by others. (MEH-a)	dating situation. (VIP-d)
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Stem/Standard	Grades Pre-K-2	Grades 3-4	Grades 5-6	Grades 7-8	Grades 9-12
HE6: Goal Setting Students will demonstrate the ability to set personal goals to enhance health				1. Set a goal to improve sexual health (e.g. sexual abstinence, setting personal boundaries and limits). (FSSH-a)	1. Implement a goal setting plan related to avoiding situations that could lead to injuries or violence. (VIP-b) 2. Analyze a personal health assessment to determine strategies for reducing risk behaviors and enhancing health and safety. (VIP-a)

Stem/Standard	Grades Pre-K-2	Grades 3-4	Grades 5-6	Grades 7-8	Grades 9-12
HE7: Decision Making Students will demonstrate the ability to make decisions that lead to better health.	1. Explain when assistance is needed in making health related decisions e.g. tattling vs. getting help (E.g. SECRETS AND WHEN TO SHARE INFORMATION). (FSSH-a)(MEH-a)	1. Demonstrate effective ways to express needs, wants, and feelings to build, promote and support positive health and relationships, including setting and respecting limits and boundaries and seeking help and support. (FSSH-a) (MEH-a) 2.. Demonstrate the ability to ask a trusted adult for help when feeling personally threatened, unsafe, or to report suspected place for school violence. (VIP-a) 3. Demonstrate non-violent strategies to resolve conflicts. (VIP-c)	1. Analyze how individuals, families and community values influence health-related decisions. (FSSH-a)	1. Apply individual and collaborative decision-making processes to resolve safety and violence-related situations, including responding to witnessing harassment, bullying or other interpersonal violence. (VIP-a) 2. Describe how their decisions impact the health of themselves and others. (FSSH-a)	1. Apply a decision-making process that results in reducing risks of injury or violence. (VIP-a) 2. Analyze the immediate and long-term impact of decisions on the individual, family, and community. (MEH-b)

3. Sample Assessment Items

The following examples are from the Health Education Assessment Project Database, [www.ccsso.org/projects/scass/Projects/Health Education Assessment Project/](http://www.ccsso.org/projects/scass/Projects/Health_Education_Assessment_Project/). Call the Department of Education for more information: (802) 828-1636

High School Sample Assessment Items

60601:Performance Task

TEACHER INFORMATION - TASK 606

Overview:

This task asks students to demonstrate their understanding of the elements of a healthful relationship (caring, responsibility, respect and knowledge), and of the role of interpersonal communication in expressing those elements. Students will do this by writing a play that demonstrates the importance of one of these elements to the emotional health of the people in a relationship.

The information that follows offers suggestions to the teacher on how to facilitate student work on the task. How this information is used is up to the teacher. In addition, the amount of instruction given to students prior to their working on the task is up to the teacher.

Requirements:

Working individually or in small groups, students should create a play that demonstrates the importance of one of the four basic elements to a relationship:

- feelings of caring for the other person;
- feelings of responsibility toward the other person;
- respect for the other person; and knowledge of the other person.

Middle School Sample Assessment Items

36110: Short Answer

Sometimes talking to another person about one's feelings is the best way to deal with them. Other times, it helps to take some kind of action to cope with one's feelings.

Describe THREE healthful actions a person could take to deal with a feeling or emotion. Explain how each action would help the person deal with the feeling or emotion in a positive way.

24310: Extended Response

Write a brief dialogue between two family members in which one person effectively communicates the importance of respecting each other's needs. Be sure to explain why it is important that family members show respect for the needs of others.

26111: Extended Response

Comic strips are a good way of getting a serious point across in a light way. Draw a comic strip with no more than five frames showing one of these important skills:

- Starting or building a friendship
- Maintaining a friendship
- Respecting diversity
- Resisting peer pressure

For whichever skill you choose, show two people effectively communicating with each other as a part of this skill. Please feel free to use stick figures. You will not be evaluated on your ability to draw.

Also, write a description about what is happening in your comic strip. Tell why it shows the skill you chose.

16201: Selected Response

Keisha's friend wants to copy her homework. Which of the following refusals demonstrates the clearest "no"?

- A. "Let me think about it."
- B. "Maybe later."
- C. "I won't do that."
- D. "I need to ask my mother."

Elementary School Sample Assessment Items

41401: Performance Task**TEACHER INFORMATION - TASK 414****Overview:**

This task asks students to demonstrate their understanding of the role communication can play in maintaining one's health. Students will do this by creating a storybook about two young people who get into an argument and use good communication skills to settle it in a healthful way. Included in the storybook will be examples of the possible negative consequences of not settling the argument. The information that follows offers suggestions to the teacher on how to facilitate student work on the task. How this information is used is up to the teacher. In addition, the amount of instruction given to students prior to their working on the task is up to the teacher.

Requirements:

Students may complete this task individually or in groups. Students should think of specific situations in which two friends might get into an argument. Students should then think of healthful ways the two friends could use communication skills (talking, eye contact, body language, etc.) to settle their argument and remain friends. Students should also think about the negative things that could happen if the two people were unable to settle their argument. Each student or group should then create a storybook based on these ideas

Logic Model Template

Assumptions:

<div>↑</div> <div>INPUTS</div>	OUTPUTS			<div>↑</div> <div>OUTCOMES</div>
	ACTIVITIES	OUTPUTS	PARTICIPANTS	
				1-3 years
				3-5 years
				5-10 years

4. Logic Model Template

5. Outcome Measurement Framework

Who?/How?					
Measurement Tool(s)					
Measures/Indicators (SMART Objectives)					
Successes/ Outcomes					

2010

Developed by the Vermont Sexual Violence Prevention Task Force with the Vermont Department of Education and the Vermont Department for Children and Families.

Appendix F: Sexual Victimization -Life Outcomes and Statistics

LIFE OUTCOMES

- Increased exposure to childhood sexual abuse is associated with failing to achieve secondary school qualifications, gaining a higher school certificate, attending university, and gaining a university degree.ⁱ
- In a nationally representative sample, youth who experienced sexual assault were twice as likely as their non-victimized peers to report alcohol use or other drug abuse or dependence within the past year.ⁱⁱ
- Girls who are sexually abused often suffer from a traumatic and profound lack of self-esteem. These girls engage in disempowering and self-defeating behaviors which can propel them into a cycle of addiction, drug dealing, prostitution and violence.ⁱⁱⁱ
- National probability studies show that males who have been sexually abused are at increased risk for more physical symptoms, functional impairment, poor subjective health, eating disorders, and risky behavior.^{iv}

i. Exposure to childhood sexual and physical abuse and subsequent educational achievement outcomes. Boden, J.M., Horwood, L.J., Fergusson, D. M. *Child Abuse & Neglect* Volume 31, Issue 10, October 2007, 1101-1114 .

ii. Risk Factors for Adolescent Substance Abuse and Dependence: Data from a National Sample. Kilpatrick, D., Acierno, R., Saunders, B., Resnick, H., Best, C., Schnurr, P. *Journal of Consulting and Clinical Psychology* 68 (1): 1-12. 2000.

iii. Research on Women and Girls in the Justice System Series. Richie, B., Tsenin, K., Spatz, C. Widom Publishing: National Institute of Justice, 2000.

iv. Sexual Abuse History: Prevalence, Health Effects, Mediators, and Psychological Treatment. Leserman, J. *Psychosomatic Medicine* 67: 906-915. 2005.

Sexual Violence and Youth Nationally.....

- The prevalence of sexual violence involving youth is great; 60% of female and 69% of male victims are first assaulted before age 18.ⁱ
- The 2008 National Survey of Children's Exposure to Violence found that 6.1% of the 10-14 year olds surveyed had been sexually victimized in the past year and 9.8% over their lifetimes.ⁱⁱ
- Girls ages 14 to 17 had the highest rates of sexual victimization: 7.9 percent were victims of sexual assault in the past year and 18.7 percent during their lifetimes.ⁱⁱⁱ
- Victims 12 to 15 years of age are twice as likely to be sexually abused as younger children.^{iv}
- Those who commit these offenses include adults *and* juveniles. Contrary to persistent, popular beliefs, national (and Vermont) data show that **80% to 90% of sex offenses are committed by someone known to the victim**. Of child victims of sexual abuse, 26% are abused by a parent, 29% by a relative other than a parent and 24% by either a known child/peer to the victim, school personnel or family friend and a small percentage by a stranger.^v
- Data indicate 40% to 80% of adolescents who sexually abuse children have been abused themselves.^{vi}
- 3 in 10 young people report having been involved in some type of naked sexting, and 61 % of those who have sent a naked photo or video of themselves have been pressured by someone else to do so at least once.^{vii}

- i. Prevalence and characteristics of sexual violence victimization. Basile, KC, Chen, J, Lynberg, M.C., and Saltzman, L.E. *Violence and Victims* 2007; 22(4): 437-448.
- ii. Children's Exposure to Violence: A Comprehensive National Survey. Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., and Kracke, K. U.S. Department of Justice, Office of Justice Programs and the Centers for Disease Control, pg. 5. 2009
- iii. OpCit, pg. 6.
- iv. Child Maltreatment 2006: Reports from the States to the National Child Abuse and Neglect Data System. Children's Bureau, U.S. Department of Health and Human Services.
- v. Ibid.
- vi. Stop It Now! Child Sexual Abuse Fact Sheet.
Accessed online at: www.stopitnow.org/child_sexual_abuse_fact_sheet
- vii. Stop It Now! Child Sexual Abuse Fact Sheet.

...and In Vermont

- In 2008, the Department for Children and Families investigative unit reported 292 substantiated cases of child sexual abuse and 47 cases of substantiated risk of sexual abuse.ⁱ
- In 42% of Department for Children and Families founded sexual abuse cases for 2008, the offender was under the age of twenty.ⁱⁱ
- The Vermont Crime Report for 2007 show 970 violent crimes where youth 18 and under are victims, 500 female and 470 male; with only 18 of those identified as committed by a stranger, and about 40 cases where the offender information is unknown or missing from police reports. Youth victims of forcible and non-forcible sex offense total 132 females and 44 males, with only one offender a stranger and no missing or unknown offender data.
- Data from the 2007 Vermont Youth Risk Behavior Survey indicate that 5% of youth who engaged in sexual intercourse stated they were forced to have sexual intercourse and one out of ten students reported having been touched against their wishes sexually or forced to touch someone else sexually. Female students were over three times more likely than male students to report being touched or forced to touch someone else (17% vs 5%).ⁱⁱⁱ
- Thirty-four percent of Vermont girls in grades six through 12 responding to the second annual “What Girls Say” survey reported having been touched, grabbed, or pinched in a sexual way and 21% reported experiencing sexual harassment.^{iv}

- i. Child Abuse and Neglect in Vermont 2008 Report. Department for Children and Families, p.13. 2009
- ii. Ibid.
- iii. Youth Risk Behavior Survey 2007, Vermont Department of Health. 2008.
<http://health.vermont.gov/research/yrbs.aspx>
- iv. Girl Scout Council of Vermont and Vermont Commission on Women, 2007



**Vermont Sexual Violence Prevention
Technical Assistance Resource Guide:**

For school communities K-12 incorporating

sexual violence prevention into the health education curriculum.

Created by the Vermont Sexual Violence Prevention Task Force, 2010